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Apr 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010186 (1)

1. Corporation Name

D & E RECOVERY INC.

Principal Place of Business

25343 S.W. 142ND AVE
HOMESTEAD FL 33032
US

Mailing Address

P.O. BOX 924435
HOMESTEAD FL 33092

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number

65-0553068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Zip
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30 Zip

9. Name and Address of Current Registered Agent

ENDERS, LORINDA
23345 S.W. 132ND AVE
HOMESTEAD FL 33032

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lorinda Enders

Lorinda Enders

3/27/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ENDERS, DENNIS
STREET ADDRESS 23345 S.W. 132ND AVE
CITY-ST-ZIP HOMESTEAD FL
TITLE D
NAME ENDERS, LORINDA
STREET ADDRESS 23345 S.W. 132ND AVE
CITY-ST-ZIP HOMESTEAD FL
TITLE D
NAME ORTEGA, RENE A
STREET ADDRESS 23345 S.W. 132ND AVE
CITY-ST-ZIP HOMESTEAD FL
TITLE D
NAME OLIVERA-ESPORZA, PETRA
STREET ADDRESS 34801 SW 181ST AVE
CITY-ST-ZIP FLORIDA CITY FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Douglas, Donald
1.3 STREET ADDRESS 9362 SW 168 ST
1.4 CITY-ST-ZIP Miami FL 33157
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Dennis Enders* Dennis Enders 3/27/98

CR2E034 (10/97)