

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000063152 (9)

1. Corporation Name

OUTSOURCE RECOVERY, INC.



Principal Place of Business

1129 HACKBERRY DR  
ORLANDO FL 32825

Mailing Address

1129 HACKBERRY DR  
ORLANDO FL 32825

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 740116

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State  
ORLANDO FLORIDA

23

28

Zip

Country

Zip

Country

24

25

29

32825

30

ORANGE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
08/15/1995

3a. Date of Last Report

4. FEI Number

59-3333133-000-000

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

MELENDEZ, DAVID  
1129 HACKBERRY DR  
ORLANDO FL 32825

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

David Melendez (President)

David Melendez

1/22/96

(Signature typed or printed name of registered agent and filed application)

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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