

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90024 026 \*\*\*150.00

DOCUMENT # P95000074768

1. Corporation Name

ASSET RECOVERY GROUP, INC.

Principal Place of Business

9645 E COLONIAL DR SUITE 114  
ORLANDO FL 32817

Mailing Address

9645 E COLONIAL DR SUITE 114  
ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1995

4. FEI Number

59-3342169

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2140 W. King Street

Suite, Apt. #, etc.

22 City & State

23 Cocoa, FL

Zip Country

24 32926 25 Brevard

2a. Mailing Address

26 2140 W. King Street

Suite, Apt. #, etc.

27 City & State

28 Cocoa, FL

Zip Country

29 32926 30 Brevard

9. Name and Address of Current Registered Agent

COOPER, KENT J  
9645 E COLONIAL DR SUITE 114  
ORLANDO FL 32817

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 Robert J. Crim / President

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

(NOTE: Registered Agent signature required when reinstating)

05/01/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COOPER, KENT J  
STREET ADDRESS 9645 E COLONIAL DR SUITE 114  
CITY-ST-ZIP ORLANDO FL 32817

TITLE D ☐ DELETE

NAME BOWERS, JOHN A  
STREET ADDRESS 8155 WHISTLEWING CT  
CITY-ST-ZIP ORLANDO FL 32817

TITLE D ☐ DELETE

NAME CRIM, ROBERT J  
STREET ADDRESS 2250 BANCROFT BLVD  
CITY-ST-ZIP ORLANDO FL 32833

TITLE D ☐ DELETE

NAME CAREY, JIM  
STREET ADDRESS 7147 HAMMOCK LAKES DR  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

Robert J. Crim / President

05/01/99

Date

Daytime Phone #

CR2E034 (11/98)