

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
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90008 014 ***150.00

DOCUMENT # P95000084243

1. Corporation Name

ASSOCIATION CAPITAL RECOVERY, INC.

Principal Place of Business

425 BUTTONWOOD PLACE
BOCA RATON FL 33431

Mailing Address

425 BUTTONWOOD PLACE
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1995

4. FEI Number

65-0626684

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 4825 Pepper Bush Lane

Suite, Apt. #, etc.

22

City & State

23 Boynton Beach, FL

Zip

24 33436

Country

25 USA

2a. Mailing Address

26 4825 Pepper Bush Lane

Suite, Apt. #, etc.

27

City & State

28 Boynton Beach, FL

Zip

29 33436

Country

30 USA

9. Name and Address of Current Registered Agent

SEYMOUR-FLETT, KAREN
425 BUTTONWOOD PLACE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

SEYMOUR-FLETT, KAREN

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

4825 PEPPER BUSH LANE

83

84 City

BOYNTON BEACH,

FL

85 Zip Code

33436

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

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 DPT ☐ DELETE

NAME FLETT, DAVID M
STREET ADDRESS 425 BUTTONWOOD PLACE
CITY-ST-ZIP BOCA RATON FL

TITLE DVS ☐ DELETE

NAME SEYMOUR-FLETT, KAREN
STREET ADDRESS 425 BUTTONWOOD PLACE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 DPT ☒ Change ☐ Addition

1.2 NAME FLETT, DAVID M.
1.3 STREET ADDRESS 4825 PEPPER BUSH LANE
1.4 CITY-ST-ZIP BOYNTON BEACH, FL 33436

2.1 TITLE DVS ☒ Change ☐ Addition

2.2 NAME SEYMOUR-FLETT, KAREN
2.3 STREET ADDRESS 4825 PEPPER BUSH LANE
2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33436

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0045016

CR2E034 (11/98)