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Apr 02, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

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

2. Principal Place of Business
21 4825 Pepper Bush Lane
 Suite, Apt. #, etc.

2a. Mailing Address
26 4825 Pepper Bush Lane
 Suite, Apt. #, etc.

4. FEI Number
65-0626684 Applied For
 Not Applicable

22
 City & State
Boynton Beach, FL

27
 City & State
Boynton Beach, FL

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

23
 Zip Country
33436 USA

28
 Zip Country
33436 USA

6. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be
 Added to Fees

24 **25** **29** **30**

8. This corporation owes the current year Intangible
 Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
SEYMOUR-FLETT, KAREN
82 Street Address (P.O. Box Number is Not Acceptable)
4825 PEPPER BUSH LANE
83
84 City **FL** **85** Zip Code
BOYNTON BEACH, 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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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**

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

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**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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] **SIGNATURE REQUIRED**

Date

Daytime Phone #

1/2/99

561-364-8886

CR2E034 (11/98)