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Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025158 (2)

1. Corporation Name
LOSS RECOVERY, INC.

Principal Place of Business
5838 COMMERCE ROAD
MILTON FL 32583

Mailing Address
5838 COMMERCE ROAD
MILTON FL 32583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3380664		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	25 Country	29 Country		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

DICKSON, BARRY E
121 PALAFOX PL
SUITE C
PENSACOLA FL 32501

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	PAULLIN, GARY	1.2 NAME	PARRIS, BRUCE
STREET ADDRESS	5838 COMMERCE RD.	1.3 STREET ADDRESS	201 Pensacola Beach Rd. D-2
CITY-ST-ZIP	MILTON FL 32583	1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	ST	2.1 TITLE	
NAME	SILBER, BARRY	2.2 NAME	
STREET ADDRESS	226 E. GOVERNMENT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	PAULLIN, NATHAN	3.2 NAME	
STREET ADDRESS	5838 COMMERCE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	PAULLIN, NATHAN	4.2 NAME	
STREET ADDRESS	5838 COMMERCE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	ELEGADO, CARLOS	5.2 NAME	
STREET ADDRESS	5838 COMMERCE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	STANTON, JOHN	6.2 NAME	
STREET ADDRESS	5838 COMMERCE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	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.

SIGNATURE:

3-10-98 854626-948

CR2E034 (10/97)