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

**PROFIT** .CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000041932 (0)

RECOVERY ENTERPRISES, INC.

Principal Place of Business Mailing Address 7900 N. UNIVERSITY DRIVE 7900 N. UNIVERSITY DRIVE SHITE 201 SUITE 201 DO NOT WRITE IN THIS SPACE TAMARAC FL 33321 TAMARAC FL 33321 3. Date Incorporated or Qualified 05/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0665177 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country  $Z_{P}$ Country 8. This corporation owes or has paid the current year Intangible 30 Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERNSTEIN, RENA L 7900 N. UNIVERSITY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 TAMARAC FL 33321 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 profed name of registered agent and to elif applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ Change Addition 1.1 TITLE TITLE BERNSTEIN, STEVEN D NAME 1.2 NAME 7821 N.W. 53RD COURT STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL 33351 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

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 frue 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 employeered 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 an an attachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

(454)239-2227

FILED

May 01 1998 8:00am

Secretary of State