

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000071638 (6)**

1. Corporation Name

ASSURED RECOVERY SERVICES, INC.



Principal Place of Business	Mailing Address
7693 THORNLEE DRIVE LAKE WORTH FL 33467	7693 THORNLEE DRIVE LAKE WORTH FL 33467-7858

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 7693 THORNLEE DRIVE		26 7693 THORNLEE DRIVE		08/26/1996	N/A
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 LAKE WORTH, Florida		28 LAKE WORTH, Florida		65-0693797	Not Applicable
24 33467	25 Palm Beach	29 33467	30 Palm Beach	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 LAKE WORTH, Florida		28 LAKE WORTH, Florida		6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 33467		29 33467		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RANDS, LAURENCE T 7693 THORNLEE DRIVE LAKE WORTH FL 33467				81 Name LAURENCE T. RANDS 82 Street Address (P.O. Box Number is Not Acceptable) 7693 THORNLEE DRIVE 83 84 City LAKE WORTH, FL 85 Zip Code 33467			

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 **LAURENCE T. RANDS - President** **LAURENCE T. RANDS** **4/20/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAURENCE T. RANDS			1.2 NAME			
STREET ADDRESS	7693 THORNLEE DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL. 33467			1.4 CITY-ST-ZIP			
TITLE	SECRETARY	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAURENCE T. RANDS			2.2 NAME			
STREET ADDRESS	7693 THORNLEE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL. 33467			2.4 CITY-ST-ZIP			
TITLE	TREASURER	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAURENCE T. RANDS			3.2 NAME			
STREET ADDRESS	7693 THORNLEE DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL. 33467			3.4 CITY-ST-ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAURENCE T. RANDS			4.2 NAME			
STREET ADDRESS	7693 THORNLEE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL. 33467			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: **LAURENCE T. RANDS** **LAURENCE T. RANDS** **4/20/97** **(541) 963-9697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)