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 # P96000073939 (6)

GLOBAL ASSET RECOVERY, INC.

Principal Place of Business

980 NORTH FEDERAL HIGHWAY
SUITE 206
BOCA RATON FL 33432

2. Principal Place of Business
21
Suite. Apt. #, etc.

Mailing Address
980 NORTH FEDERAL HIGHWAY
SUITE 206
BOCA RATON FL 33432

22. Mailing Address
23. Mailing Address
24. Suite. Apt. #, etc.

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

						09/06/1996		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26				65-0694747	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State	•	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zìp	Cou	ıntry		8. This corporation owes or has paid the cur	rent year in:	tangible
24	25	29	30] No
Name and Address of Current Registered Agent						Name and Address of New Registered A	Agent	
LAW OFFICES OF RICK S. CULLEN, P.A.				81 Name				
980 NORTH FEDERAL HWY.				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 206				0.100.7	redictor (i for pox frameor in rest resultation)			
BOCA RATON FL 33432				83				
				-	0'1		[aa] W.	0
				84	City	FL	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		13.	G 7 (g) C	n og rataro	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE	PSTD	DELET		TLE			Change	Addition
NAME	CULLEN, LUISA F		1.2 N					
STREET ADDRESS	980 NORTH FEDERAL HWY.,	SHITE ODE			ADDRESS			
	BOOL BATOLUE				ļ			
CITY-ST-ZIP TITLE	VP	DELET		TY-SI	1-21-		Change	Addition
NAME	CULLEN, RICK S.		2.1 N		ł			
	980 NORTH FEDERAL HWY., S	STIFFE ONE	#		ADDOCCO			1
STREET ADDRESS		DUITE 200			ADDRESS			
CITY-ST-ZIP TITLE	BOCA RATON FL	DELET		•	ST-ZIP		Change	Addition
							Grazinge	Addition
NAME			3.2 N/					1
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP		Decen			T-ZIP		T Obsess	- Addition
TITLE		☐ DELET					Change	Addition
NAME			4.2N					ŧ
STREET ADORESS					ADDRESS	•		
CITY-ST-ZIP		F-1	_	TY-ST	T-ZIP			4 5 25 5
TITLE		☐ DELET	E 5.1 TI	TLE	1		Change	☐ Addition
NAME			5.2 N/	AME	1			
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-\$1	r- ZIP		,	
TITLE		☐ DELETI	E 6.1 T.	TLE			Change	Addition
NAME			6.2 NA	AMÉ				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-SI	F-ZIP			į
14. I hereby certify that the information supplied with this filling 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 of supplemental annual report is true and a 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 further entire that the properties of the corporation of the receiver or further appears in the corporation of the receiver or further appears in the corporation of the receiver or further appears in the corporation of the receiver or further appears in the corporation of the corporation								
indicated on this arrival report or supplemental annual upper is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an indiffer or director of the corporation of the receiver of virusee annual upper is true and accurate this report as required by Chapter 807. Florida Statutes: and that my name appears in								

indicated on this annual report of subplemental 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 trusted annual verse 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 page as.

SIGNATURE:

REPLYRECUEN, UP NOW 15, 199

CR2E034 (10/97)