

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100955 (9)

1. Corporation Name
MILLIKEN ASSET RECOVERY SYSTEMS INC.



Principal Place of Business 179 RIVERA AVE. ROYAL PALM BEACH FL 33411	Mailing Address 179 RIVERA AVE. ROYAL PALM BEACH FL 33411-1001
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2. Principal Place of Business 21 179 Rivera Ave Suite, Apt. #, etc. 22 City & State 23 Royal Palm Beach-Fl Zip 33411 Country USA		2a. Mailing Address 26 179 Rivera Ave Suite, Apt. #, etc. 27 City & State 28 Royal Palm Beach Fl Zip 33411 Country USA		3. Date Incorporated or Qualified 12/13/1996		3a. Date of Last Report 1st	
4. FEI Number 65-0718582		5. Certificate of Status Desired ☐		Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No		8. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent MILLIKEN, ROBERT S 179 RIVERA AVE. ROYAL PALM BEACH FL 33411				10. Name and Address of New Registered Agent 81 Name Terry R Housler 82 Street Address (P.O. Box Number is Not Acceptable) 179 Rivera Ave 83 84 City Royal Palm Beach FL 85 Zip Code 33411			
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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 *Terry R Housler* DATE 4/28/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Robert S. Milliken	179 Rivera Ave	33411	1.2 NAME	Terry R Housler	179 Rivera Ave	33411
				1.3 STREET ADDRESS	Royal Palm Beach Fl	33411	
				1.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				2.2 NAME	Laura Jane Knowles	179 Rivera Ave	33411
				2.3 STREET ADDRESS	Royal Palm Beach Fl	33411	
				2.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				6.2 NAME			
				6.3 STREET ADDRESS			
				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: *Terry R Housler*

4/28/97 (561) 7536014

CR2E034 (9/96)