

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90243 014 ***150.00

DOCUMENT # P97000032526

1. Corporation Name

TRIUMPH RECOVERY II, INC.

Principal Place of Business

12000 BISCAYNE BLVD
SUITE 400
MIAMI FL 33181
US

Mailing Address

12000 BISCAYNE BLVD
SUITE 400
MIAMI FL 33181
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

65-0760275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDBERG, NEAL L
2650 BISCAYNE BLVD.
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SHAPIRO, ROBERT
STREET ADDRESS 1200 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33181

1.1 TITLE ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME TURETSKY, ERIC
STREET ADDRESS 12000 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33181

2.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME CROOK, MATTHEW
STREET ADDRESS 12000 BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33181

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SINGER, MARC
STREET ADDRESS 800 DOUGLAS RD
CITY-ST-ZIP CORAL GABLES FL 33134

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME XENOS, FAITH
STREET ADDRESS 800 DOUGLAS RD
CITY-ST-ZIP CORAL GABLES FL 33134

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

305 899 9905

Date

Daytime Phone #

CR2E034/11/98