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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032532 (8)

Principal Place	H RECOVERY, INC.	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
407 LINCOLN F		407 LINCOLN ROAD					
SUITE 9C SUITE 9C MIAMI BEACH FL 33139							
				DO NOT WRITE IN THIS SPACE			
					3, Date Incorporated or Qualified 04/10/1997		
2. Principal Place of Business 21 17800 BISLAYNE BLVD Suite, Apt. #, etc. 22 SWITE YOO		2a. Mailing Address 26 1>000 BIJLAYNE BLUD Suite, Apt. #, etc. 27 Suite 400			4. FEI Number Applied		Applied For
					0 65076027		Not Applicable
					5. Certificate of Status Desired See Require		
City & State	<u> </u>	City & State	·		6. Election Campaign Financing	\$5.0	00 May Be
3 MIA	AMI KI	28 MIAM.			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid		
4 3311		29	30	13181	Personal Property Tax due June 3	30. Yes	□ No
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Istered Agent	
SAN	DBERG, NEAL L			81 Name			
2650 BISCAYNE BLVD. MIAMI FL 33137				82 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
					····	· <u> </u>	
				83			
				84 City		FI 85 Z	Zip Code
agent. I am SIGNATURE	i tamılar with, and accept the obligati	ons or, Section 607.0505,	tutes, the ab as authorized Florida Stat	nove-named corp of by the corporal utes.	poration submits this statement for the pution's board of directors. I hereby accept	FL urpose of changir t the appointment	,
agent. I am SIGNATURE	the provisions of Sections 607,0502; gistered agent, or both, in the State of familiar with, and accept the obligation (generally); of report there of registered agent.	ons or, Section 607.0505,	tutes, the ab as authorized Florida Stat	pove-named corp	red when reinstating)	IT L I I I I I I I I I I I I I I I I I I	ng its registered t as registered
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SIGNATURE: X

STREET ADDRESS

CITY - ST - ZIP

CITY-\$T-ZIP

STREET ADDRESS

TITLE

NAME Street address

TITLE

NAME

ROBERT SHAPIR

4.3 STREET ADDRESS 4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

x 4-8-58

FILED

Apr 14 1998 8:00am

Secretary of State

× 3018999900

Change

Addition