

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000038945 (6)

1. Corporation Name

CREDITOR RECOVERY TRUST SERVICES, INC.



Principal Place of Business

Mailing Address

~~1672 W HILLSBORO BLVD SUITE 250~~
~~DEERFIELD BEACH FL 33442~~

~~1672 W HILLSBORO BLVD SUITE 250~~
~~DEERFIELD BEACH FL 33442~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

65-0761598

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1007 N. Federal Hwy

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 174

27 City & State

23 Fort Lauderdale, FL

28 City & State

24 Zip 33304

Country USA

29 Zip

Country

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAUER, MARK T
1672 W HILLSBORO BLVD SUITE 250
DEERFIELD BEACH FL 33442

81 Name

MARK T. LAUER

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

1007 N. Federal Highway

83

Suite 174

84 City

Fort Lauderdale

FL

85 Zip Code

33304

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] Registered Agent

3-10-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME LAUER, MARK T
STREET ADDRESS 1672 W HILLSBORO BLVD SUITE 250
CITY-ST-ZIP DEERFIELD BEACH FL 33442

1.1 TITLE ☐ Change ☒ Addition

P
NAME MARK T. LAUER
STREET ADDRESS 1007 N. Federal Hwy Suite 174
CITY-ST-ZIP FT LAUDERDALE, FL 33304

TITLE ☐ DELETE

NAME
STREET ADDRESS 1007 N. Federal Hwy S-174
CITY-ST-ZIP FT LAUDERDALE, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP 33304

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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.

SIGNATURE

[Signature]

3/10/98 954-427-1007

CR2E034 (10/97)