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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Ballor

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000077961 (5)

INVESTORS WORLDWIDE ASSET RECOVERY, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			1 10011000 310 10111 10011 00111 00111 00111 0	aite iddin faata laird al	1101 1101 1001
PO BOX 16631 JACKSONVILLE FL 32245		PO BOX 16631 JACKSONVILLE FL 32245		DO NOT WRITE IN	THIS SPACE		
					 Date Incorporated or Qualified 09/08/1997 		
	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3467806	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired
City & Stat	e	City & State	y & State		6. Election Campaign Financing	\$5.00	
Zip	Country	7:0	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution L	Added t	
24	<u></u>	Zip		y	8. This corporation owes or has paid the		anoible No
24	9. Name and Address of Current F		30		Personal Property Tax due June 30. 10. Name and Address of New Regist		5 NO
	RIEDLINE, RODGER J		81	Name	TO. TOURS AND PLANTED OF THE PLANTED	ord rigoria	
	B11 ATLANTIC BLVD		82	ļ <u> </u>			
SUITE #4				Street Add	dress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32207				 		, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				ļ <u>.</u>			
			84	City		FL 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statute	es, the abov	e-named cor	poration submits this statement for the purpo	ose of changing its	s registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	Elorida, Such change was a	uthorized b	v the corpora	ation's board of directors. I hereby accept the	e appointment as	registered
	ari igamia. Wilay and dobopt the bongane	5/15 01, 000 ROTH 001.00001, 1 RO	noo olaasio	J .			
SIGNATURE	Signature, typod or printed name of registered agent a	ind title if applicable. (NOTE	: Registered Ag	ent signature requ	lifed when reinstating) D	ATE	
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE		_	Change	Addition
NAME	DEAN, LARRY JR		1.2 NAME				
STREET ADDRESS	PO BOX 16631 N/A		1.3 STREE	F ADDRESS		-	
CITY-ST-ZIP	JACKSONVILLE FL 32245		1.4 CITY-	ST-ZIP	A		
TITLE	PP	☐ DELETE	2.1 TITLE		1 //	Change	Addition
NAME	Robert Carter	Catulan	2.2 NAME		add		
STREET ADDRESS	4811 ATLANTIC BIVE	3017E 7		r address			
CITY-ST-ZIP	SACKSONWIE FL 32207		2.4 CITY-	ST-ZIP		Change	Addition
TITLE	Secretary		3.1 TITLE 3.2 NAME	-	. // //	cnange	Modition
NAME	Frank Streepay 4811 ATLANTIC BIND SU JACKSON VILLE F.		_		· add		
STREET ADDRESS	4811 ATLANTIC BIVO SU	UTE#4		ADDRESS			
CITY-ST-ZIP	JACKSON VITE EL	DELETE	3.4. CITY - 4.1 TITLE	51-ZIP		Change	Addition
NAME	Jason Stokes		4. 2 NAME		//. Y	- Similar	
STREET ADDRESS	4811 ATLANTIC DIVOS	WENTEN 4	·	ADDRESS	- adol		
CITY-ST-ZIP	JACKSON VILLE FL3	12207	4.4 CITY-				
TITLE	- Thenson vine Pes	DELETE	5.1 TITLE	-1 421		Change	☐ Addition
NAME		1	5.2 NAME			•	
STREET ADDRESS	/V/ /4/	ı	5.3 STREET	ADDRESS			
CITY-ST-ZIP	· / / / . t		5.4 CITY-	ST-ZIP			
TITLE	· / /	DELETE	6.1 TITLE			☐ Change	Addition
NAME	$ \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad$		6.2 NAME				
STREET ADDRESS	1 / V / A+		6.3 STREET	ADDRESS			
CITY-ST-ZIP	/ / / '		- 6.4 CITY-				
14. I hereby of	certify that the information supplied with	this filing does not qualify for	r the exemp	at my signati	Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the	information
Officer or	director of the corporation or the receive	er or trustee empowered to e	xecute this	report as rec	ure shall have the same legal effect as if ma quired by Chapter 607, Florida Statutes; and	that my name app	pears in
Block 12	or Block 13 if changed, or on an attachr	ment with an address/	U	/			