


FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90046 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000042323
 1. Corporation Name
DEBT RELIEF, INC.

 Principal Place of Business
2430 SHADOWLAWN DRIVE #18
NAPLES FL 34112

 Mailing Address
2430 SHADOWLAWN DRIVE #18
NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

☐ Applied For
☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

 21 Suite, Apt. #, etc.
 22 City & State

 26 Suite, Apt. #, etc.
 27 City & State

 23 Zip Country
 24 Zip Country

 28 Zip Country
 29 Zip Country
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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

 81 Name **RICHARD J. HOLLANDER**
 82 Street Address (P.O. Box Number is Not Acceptable)
2430 SHADOWLAWN DR. #18
 83 City **NAPLES** FL 85 Zip Code **34112**

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE
President/Director
 NAME **Richard J Hollander**
 STREET ADDRESS **2430 Shadowlawn Drive Ste 18**
 CITY-ST-ZIP **Naples FL 34112**

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

(NOTE: Registered Agent signature required when re-registering)

4/24/99 **941-775-2000**
 Date Daytime Phone #

CR2E034 (11/98)