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
99 SEP -7 AM 10: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077330

1. Corporation Name
ASSET RECOVERY & REMARKETING COMPANY

Principal Place of Business	Mailing Address
114 SHADY BRANCH TRAIL ORMOND BEACH FL 32174	114 SHADY BRANCH TRAIL ORMOND BEACH FL 32174

7/21/99 90016 013 $150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1998

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3034852 — 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

9. Name and Address of Current Registered Agent

MALIK, CONNIE N
114 SHADY BRANCH TRAIL
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

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 _____ NOTE: Registered Agent signature required when reinstating — DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MALIK, CONNIE N	12 NAME	
STREET ADDRESS	114 SHADY BRANCH TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	14 CITY-ST-ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MALIK, JOHN J	22 NAME	
STREET ADDRESS	114 SHADY BRANCH TRAIL	23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: John J Malik — 4.27.99 — 9046056878
SIGNATURE AND TITLE OF PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone Number

KE

P98000077330
593157-90016-13 2

FAX Transmission

From:	JOHN	ARRCO/DIXIE EQUIPMENT
Questions?	Call 904615-6878 Fax 904-615-9332	114 SHADY BRANCH TRAIL ORMOND BEACH, FL. 32174
To:	DEPT. OF STATE	
Company:		
Address:		
Date:	July 6, 1999	
Time:	12:29 PM	Pages: 1 (including this one)

Message: I CALLED AND SPOKE WITH SOMEONE IN YOUR OFFICE ON FRIDAY JULY 2, 1999. THEY SUGGESTED THAT WE CALL OUR BANK TO SEE IF THE CHECKS HAD CLEARED YET. THEY HAD NOT. ATTACHED ARE COPIES OF OUR ORIGINAL FILING ALONG WITH NEW CHECKS. PLEASE LET US KNOW IF YOU NEED ANYTHING ELSE. THANK YOU.