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Secretary of State

08-02-1999 90006 003 ****61.25

08-30-1999 90006 039 ****97.50

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P98000678550*
1. Corporation Name
Specialty Accounts Recovery, Inc.

Principal Place of Business *197 Meadowview Rd*
Wewahatchka, FL
32465

Mailing Address *P.O. Drawer 6230*
Maruanna, FL.
32447



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	<i>Sept. 11, 1998</i>	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	<i>59-3538684</i>	<input type="checkbox"/> Not Applicable
24		29		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<i>CORA LEE ADDISON</i>		81 Name	
<i>197 MEADOWVIEW Rd</i>		82 Street Address (P.O. Box Number is Not Acceptable)	
<i>PO BOX 858</i>		83	
<i>Wewahatchka, FL 32465</i>		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	<i>VICE PRESIDENT</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	<i>DON JOHNSON</i>	1.1 TITLE					
STREET ADDRESS	<i>PO BOX 157</i>	1.2 NAME					
CITY-ST-ZIP	<i>Altma, FL 32421</i>	1.3 STREET ADDRESS					
TITLE		1.4 CITY-ST-ZIP					
NAME		2.1 TITLE					
STREET ADDRESS		2.2 NAME					
CITY-ST-ZIP		2.3 STREET ADDRESS					
TITLE		2.4 CITY-ST-ZIP					
NAME		3.1 TITLE					
STREET ADDRESS		3.2 NAME					
CITY-ST-ZIP		3.3 STREET ADDRESS					
TITLE		3.4 CITY-ST-ZIP					
NAME		4.1 TITLE					
STREET ADDRESS		4.2 NAME					
CITY-ST-ZIP		4.3 STREET ADDRESS					
TITLE		4.4 CITY-ST-ZIP					
NAME		5.1 TITLE					
STREET ADDRESS		5.2 NAME					
CITY-ST-ZIP		5.3 STREET ADDRESS					
TITLE		5.4 CITY-ST-ZIP					
NAME		6.1 TITLE					
STREET ADDRESS		6.2 NAME					
CITY-ST-ZIP		6.3 STREET ADDRESS					
TITLE		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 617, 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 *Cora L. Addison* **- CORA L. Addison** **07-01-99** **850-639-3467**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E037 (1/98)