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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000107017

1. Corporation Name

THE RECOVERY MAGAZINE, INC.

Principal Place of Business Mailing Address 517 S.W. FIRST AVENUE FT. LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1998 2. Principal Place of Business 2a. Mailing Address 4. FELLWarder Applied For										
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27 City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired .			
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Zip Country Zip Country Signature Country Signature (Agent Signature, Lyped or present signature dispert amoves the current year Intangible Personal Property Tax. Yes No 10. Name and Address of New Registered Agent 10. Name and Address of New Registered 10. Name an	23		28				Trust Fund Contribution		ed to F	ees
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered gent, 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.3 TITLE DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition Addit		Country Zip C			ry				_	
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14. 1 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 changes, or on an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

MUSICAL REQUIRED MANE OF SIGNING OFFICER OR DIRECTOR

Date Daytime Pho

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90088 006 ***150.00

CR2E034 (11/98)

☐ Addition

☐ Addition

Addition

Change

☐ Change

Change