

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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S44101** (1)

1. Corporation Name

NATIONAL RESEARCH AND RECOVERY INC.

Principal Place of Business

**9858 GLADES ROAD, SUITE 151
BOCA RATON FL 33434**

Mailing Address

**9858 GLADES ROAD, SUITE 151
BOCA RATON FL 33434**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1991

4. FEI Number

65-0303135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4100 POWELL ROAD	26 9858 GLADES ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite Q-9	27 Suite 151
City & State	City & State
23 POMPANO BEACH, FL	28 BOCA RATON, FL
Zip	Zip
24 33073	29 33434
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

**FILORAMO, MICHAEL
9858 GLADES ROAD
SUITE 151
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name	ERNEST R. FILORAMO
82 Street Address (P.O. Box Number is Not Acceptable)	4100 POWELL ROAD Suite Q-9
83	
84 City	POMPANO BEACH FL
85 Zip Code	33434

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

Signature, typed printed name of registered agent and title

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-98

12. OFFICERS AND DIRECTORS

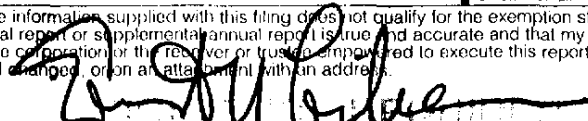
TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	FILORAMO, MICHAEL	
STREET ADDRESS	9858 GLADES ROAD #151	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ERNEST R. FILORAMO	
1.3 STREET ADDRESS	9858 GLADES ROAD Suite 151	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:



1-3-98 (561) 866-9797

CR2E034 (10/97)