

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90008 029 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S44101

1. Corporation Name

NATIONAL RESEARCH AND RECOVERY INC.

Principal Place of Business

**4100 POWERLINE RD
SUITE 0-9
POMPANO BEACH FL 33073
US**

Mailing Address

**9858 GLADES RD
SUITE 151
BOCA RATON FL 33434
US**

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

4400 NW 19th Ave

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE G.

Suite, Apt. #, etc.

SUITE G.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33073

Country

FLORIDA

Zip

33073

Country

FLORIDA

9. Name and Address of Current Registered Agent

**FILORAMO, ERNEST R
4100 POWERLINE RD
SUITE 0-9
POMPANO BEACH 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)

4400 NW 19th Ave.

83 Suite

SUITE G

84 City

POMPANO BEACH

FL

85 Zip Code

33073

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-1-99

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **FILORAMO, ERNEST R**

STREET ADDRESS **9858 GLADES ROAD #151**

CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-99

CR2E034 (5/99)



National Research & Recovery, Inc.

9858 Glades Road • Suite 151 • Boca Raton, FL 33434
(800) 701-6975 • Fax (800) 490-4677

7-1-99

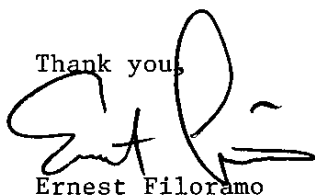
Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

591123-90008-29
S44101

Dear Sirs,

Enclosed please find our 1999 corporation annual report and
a check for \$150.00 as we were instructed by your office today. Please
note that we did file on april 17,1999 but this was never received by
your office it must have been lost in the mail.

Thank you,



Ernest Filoramo

President