

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S48015** (9)

1. Corporation Name

BANKRUPTCY RECOVERY CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Name of Business: **25 SE 2ND AVE. STE. 407 MIAMI FL 33131**
Mailing Address: **25 SE 2ND AVE. STE. 407 MIAMI FL 33131**

3. Date incorporated or Qualified 04/25/1991	3a. Date of Last Report 05/01/1994
4. FFI Number 65-0310683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
COHEN, ELEANOR 25 SE 2ND AVE. STE. 407 MIAMI FL 33131		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 607.1506, 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 hereby withdrawing the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Print Name of Registered Agent or Secretary of Corporation) _____ (Print Name of Registered Agent or Secretary of Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
FILE NAME STREET ADDRESS CITY, STATE, ZIP	D COHEN, ELEANOR 25 SE 2ND AVE. #407 MIAMI FL	11. FILE 12. NAME 13. STREET ADDRESS 14. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY, STATE, ZIP		15. FILE 16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY, STATE, ZIP		19. FILE 20. NAME 21. STREET ADDRESS 22. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY, STATE, ZIP		23. FILE 24. NAME 25. STREET ADDRESS 26. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY, STATE, ZIP		27. FILE 28. NAME 29. STREET ADDRESS 30. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation 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 responsible to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 1, 2 or Block 1, 3 of this report, or in an attached form, with an address.

SIGNATURE: *Eleanor Cohen* **Eleanor Cohen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELEANOR COHEN

04/28/95 (305) 3742606