FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 9:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # S50589 (8)

1. Corporation Name

RECOVERY MANAGEMENT CORPORATION V

Principal Place of Business	Mailing Address
9660 W SAMPLE RD SUITE 302 CORAL SPRINGS FL 33065	9660 W SAMPLE RD SUITE 302 CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt. #, etc. | Suite, Apt. #, etc.
22 | 27
City & State | City & State
23 | 28
Zip | Country | Zip | Country
24 | 25 | 29 | 30

4. FEI Number: 65-0266250 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPEAR, GARRY R 9660 W. SAMPLE RD THIRD FLOOR CORAL SPRINGS FL 33065	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 607.1508, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	DPT — [ ] Change [X] Addition
NAME	MILLER, DOUGLAS DELETE	1 NAME	TYSON, RICHARD
STREET ADDRESS	9660 W. SAMPLE RD	1 STREET ADDRESS	9660 W. SAMPLE RD., 3RD FLOOR
CITY-ST-ZIP	CORAL SPRINGS FL	1 CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	DVST	2 TITLE	DVS — [X] Change [ ] Addition
NAME	GP;DSTEOM. BARRU	2 NAME	GOLDSTEIN, BARRY
STREET ADDRESS	1900 NE 211TH ST	2 STREET ADDRESS	1900 NE 211 St
CITY-ST-ZIP	N MIAMI BCH. FL	2 CITY-ST-ZIP	N. MIAMI BCH, FL
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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] Richard Tyson May 1/95 (305) 755-9000
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100301 CP