FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -1 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S79292 (6)

1. Corporation Name
ASSET PROTECTION & RECOVERY, INC.

Principal Place of Business	Mailing Address
5118 N. 56TH ST. STE. 117 TAMPA FL 33610 US	P O BOX 15899 TAMPA FL 33684 US 5118 N. 56th St. Suite 117 TAMPA, FL 33610 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1991	3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0299373	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 5118 N. 56th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 117
City & State 23	City & State 28 TAMPA, FL
Zip 24 / Country 25	Zip 29 33610 / Country 30 US

9. Name and Address of Current Registered Agent

GILBERT SINGER
~~1505 N FLORIDA AVE~~ 705 W. AZEELE ST.
TAMPA FL ~~33610~~ 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 705 W. AZEELE ST
83
84 City TAMPA FL 85 Zip Code 33606

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 _____ GILBERT M. SINGER 2/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	STANFORTH, TOMMY	1.2 NAME	GEORGE ELLIOTT	
STREET ADDRESS	9717 WOODLAND RIDGE DR.	1.3 STREET ADDRESS	5118 N. 56TH ST Suite 117	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	VP	2.1 TITLE		☒ Change ☐ Addition
NAME	FERNANDEZ, D.G.	2.2 NAME	DELETE V.P.	
STREET ADDRESS	3204 W. GROVE ST.	2.3 STREET ADDRESS	D.G. Fernandez	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE	ST	☒ Change ☐ Addition
NAME	BEHRENS ANITA	3.2 NAME	GEORGE ELLIOTT	
STREET ADDRESS	6935 DIMARCO RD	3.3 STREET ADDRESS	5118 N. 56th ST Suite 117	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: X George Elliott X 2/15/95 X 813 622-8334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444502 FP