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

PROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT CESTATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # S89333

Principal Prace of Business

CLEARWATER FL 34616

SUITE B

US

1479 S. GREENWOOD AVENUE

1479 S. GREENWOOD AVENUE

CLEARWATER FL 34616-3448

Mailing Address

SUITE B

US

BLANCHARD COLLATERAL & RECOVERY, INC.

	May 22 I	99	/ 8):(JUE	ım	1
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	a ulikladade ada adalah bibendi dabbih balbah sila m	LALL MEMIL MINI	1 91811 9	IWFF WY	# #1 /44 1		
	Date Incorporated or Qualified	3a. Date	of Las	1 Re	nort	\neg	
۷.	10/23/1991	07/30			PO-1		
4.	FEI Number	A			lied For		
	59-3090341				Applicat	ole	
5.	Certificate of Status Desired				ditional uired		
6.	Election Campaign Financing	r			Aay Be		
	Trust Fund Contribution	<u> </u>			Fees		
8.	This corporation has liability for in Florida Statutes	tangible ta Yes	x unde No	ers.	1 9 9.032,		
10.	Name and Address of New Reg	istered Aç	ent				
М	ER BLANCHA	Rd					
S	O. Box Number is Not Acceptable	(b) A	VE.				
ار. المان	S. OKERNIUCE	/ I	V to .				
1	<u>e D</u>		85 2	in G	ode		
4	rwater	<u>FL</u>	ق ا	14	616		
atio LSJ	n submits this statement for the proof of directors. I hereby accept	rpose of c	nangin ntment	as re	registere egistered	ea	
//	l de la	. 4/1	u la	,			
رسمط when	reinstating)	DATE	7/1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ADDITIONS/CHANGES TO OFFICE	RS AND D	IRECT	ORS	IN 12		١
			Chang	je	Addit	ion	•
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	A Ph. 1	T = 12 % 2 % 1			1				
	lace of Business	2a. Mailing Address	•	4. FEI Number 59-3090341	Applied For				
Suite, Apt	# oto	Suite. Apt. #, etc.		08/3080341	Not Applicable				
22	#, CHE.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be				
23		28		Trust Fund Contribution	☐ Added to Fees				
Zip ∵in	Country	Zip 3	Country	8. This corporation has liability for					
24	25		Yes No						
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PLANCHARD FLANCE D									
	NCHARD, ELMER R.	Á 600-00		LMER BLANCH	RO				
1200	DE RAWHIDE DRIVE CHANG	e Address	82 Street Ad						
-APRIVI	TAMPA FL 33629								
Suite B									
			84 City	lana vatra	85 Zip Gode				
44 Durement t	to the provisions of Sections 607.0502	and 607 1508 Florida Statutos	the should parmed on	progration submits this statement for the	purpose of changing its registered				
office or re	egistered agent, or both, in the State o	Florida. Such change was au	thorized by the corpor	ration's board of directors. I hereby acce	the appointment as registered				
agent. ∤ar	m familiar with, and accept the obligati		da Statutes.	\5[/. L d] \\	Mulan				
SIGNATURE		anchara (Vic	Propisional Separature rec	LES J. Dan	, 7//7/9 DATE				
12.	Signature: typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI					
TILE	VD	DELETE	1.1 TITLE	ADDITIONS/OFFINGES TO OFFI	Change Addition				
NAME	BLANCHARD, ELMER R.		1.2 NAME						
STREET ADDRESS	1479 S. GREENWOOD AVENUE		1.3 STREET ADDRESS		, , , , , , , , , , , , , , , , , , ,				
CITY - ST - ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		· ·				
TITLE	Р	DELETE	2.1 TITLE		Change Addition				
NAME	BLANCHARD, JASON A.		2.2 NAME						
STREET ADDRESS	1479 S. GREENWOOD AVENUE		2.3 STREET ADDRESS						
CITY-ST-ZP	CLEARWATER FL		2. 4 City-St-ZiP						
Tiftle 1	ST	☐ DELETE	3 1 T(T) E	37					
NAME	CLANCHARD, MICHELLE D		3.2 NAME	Michele D. BLAN	Ichae 2				
STREET ADDRESS	205 11TH AVENUE NORTH		3.3 STREET ADDRESS	205 LITE AVE N	- AIRG				
CITY - ST - 7IP	INDIAN ROCK'S BEACH FL		3.4. CITY-ST-ZIP	PALLAN ROLLS RE	each E 33785				
TILE		DELETE	4.1 TITLE		Change Addition				
NAME			4. 2 NAME		-				
STREET ADDRESS			4.3 STREET ADDRESS						
C!TY+SI+ZIP			4.4 City-St-ZiP						
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition				
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY - ST - 74P			5.4 CITY-ST-ZIP						
TILE		DELETE	6.1 TITLE		Change Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY+S1 ZIP			6.4 City-St-ZiP						
14. I do herek	by certify that the information supplied	with this filing does not qualify	for the exemption stat	ed in Section 119.07(3)(i), Florida Statute	es. I further certify that the				
informatio	n indicated on this annual report or su	opiemental annual report is t ru	e and accurate and th	at my signature shall have the same leg	at effect as if made under oath; that [

fam an officer or director of the corporation or the receiver or tustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 substitutes, and that my name