


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

FILED

May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **S89333** (6)

1. Corporation Name
BLANCHARD COLLATERAL & RECOVERY, INC.



Principal Place of Business 1479 S. GREENWOOD AVENUE SUITE B CLEARWATER FL 34616 US	Mailing Address 1479 S. GREENWOOD AVENUE SUITE B CLEARWATER FL 34616-3448 US
---	--

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

3. Date Incorporated or Qualified 10/23/1991	3a. Date of Last Report 07/30/1996
4. FEI Number 59-3090341	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLANCHARD, ELMER R. 12506 RAWHIDE DRIVE TAMPA FL 33626	10. Name and Address of New Registered Agent 81 Name ELMER BLANCHARD 82 Street Address (P.O. Box Number is Not Acceptable) 1479 S. GREENWOOD AVE. 83 Suite B 84 City CLEARWATER 85 Zip Code FL 34616
--	---

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: **ELMER R. BLANCHARD (Vice Pres)** DATE: **4/14/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD BLANCHARD, ELMER R. 1479 S. GREENWOOD AVENUE CLEARWATER FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P BLANCHARD, JASON A. 1479 S. GREENWOOD AVENUE CLEARWATER FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST CLANCHARD, MICHELLE D 205 11TH AVENUE NORTH INDIAN ROCK'S BEACH FL	3.1 TITLE	
NAME		3.2 NAME	ST Michele D. BLANCHARD
STREET ADDRESS		3.3 STREET ADDRESS	205 11TH AVE. N.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: **ELMER R. BLANCHARD** DATE: **4/14/97** (813) 447-0479