FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** V43172 (8) 1. Corporation Name CREDITORS RECOVERY SERVICE, INC. - 1 (BADI) BANGA BANGA KANDA KANDA KANDA KANDA BANDA Principal Place of Business Mailing Address 8063 W MCNAB RD BO63 W MCNAB RD TAMARAC FL 33321 TAMARAC FL 33321 3. Date Incorporated or Qualified 3a. Date of Last Report 06/10/1992 2. Principal Place of Business 04/07/1995 2a. Mailing Address 4. FET Number 21 Applied For 26 65-0343735 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certificate of Status Desired 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Zip Country Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s. 199 032, 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent ☐ Yes ☐ No 10. Name and Address of New Registered Agent 81 Name ORCHARD, WALTER J. JR 8245 NW 70 ST 82 Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33321 RZ 84 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 familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, by ed or protect names of registered approach to a special content of the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, by ed or protect names of registered approach to approach and the approac 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) T/TLE DELETE 1 1 TITLE ORCHARD, JR. W J. NAME Change Addition 1.2 NAME 8245 NW 70TH STREET STREET ADDRESS 1.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 14 C:1Y - ST - ZIP TITLE DELETE 2 1 TITLE NAME Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP TUDE DELETE 3 1 TITLE NAME Change ■ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 CiTY - ST - ZIP TITLE DELETE 4 1 70116 Change NAME Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 OTTY - \$T - ZIP TITLE DELETE 5 1 TITLE Change NAME Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP TITLE DELFTE 6 1 THE NAME Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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)(k). Florida Statutes I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Walter Orchard 4/29/96