

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V72657 (2)

1. Corporation Name
RAYMAR RECOVERIES, INC.

Principal Place of Business
4400 PGA BLVD
STE 202
PALM BOH GARDENS FL 33410
US

Mailing Address
4400 PGA BLVD
STE 202
PALM BOH GARDENS FL 33410-6555
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARTEL, DEBORAH A
202 CONTERBURY DR W
PALM BEACH GARDENS FL 33415

3. Date Incorporated or Qualified
10/19/1992

3a. Date of Last Report
06/20/1996

4. FEI Number

65-0366175

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME MARTEL, RAYMOND H.
STREET ADDRESS 202 CANTERBURG DR W
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

TITLE P
NAME MARTEL, DEBORAH A.
STREET ADDRESS 202 CANTERBURG DR W
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1A TITLE ☐ Change ☐ Addition

1B NAME

1C STREET ADDRESS

1D CITY-ST-ZIP

2A TITLE ☐ Change ☐ Addition

2B NAME

2C STREET ADDRESS

2D CITY-ST-ZIP

3A TITLE ☐ Change ☐ Addition

3B NAME

3C STREET ADDRESS

3D CITY-ST-ZIP

4A TITLE ☐ Change ☐ Addition

4B NAME

4C STREET ADDRESS

4D CITY-ST-ZIP

5A TITLE ☐ Change ☐ Addition

5B NAME

5C STREET ADDRESS

5D CITY-ST-ZIP

6A TITLE ☐ Change ☐ Addition

6B NAME

6C STREET ADDRESS

6D 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

[Signature]

FILED
May 16 1997 8:00am
Secretary of State



CR2E034 (9/96)