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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # V72657**

1. Corporation Name

Principal Place of Business

RAYMAR RECOVERIES, INC.

	FILED
Apr 23	s, 1999 8:00 an
	tary of State

04-23-1999 90131 010 \*\*\*150.00

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	400 PGA BLVD 4400 PGA BLVD TE 202 STE 202  AND DOLL CARDENIC FL 22410  PAIN BOLL CARDENIS FL 22410									
						DO NOT WRITE IN THIS SPACE				
PALM BCH GARDENS FL 33410 PALM BCH GARDENS FL 33410 US US					3. Date Incorporated or Qualifed					
00					ĺ	10/19/19	•			1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Numbe			Ā	pplied For
21		26				65-0366	175		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1000		0 151-	f Davidson Designed		\$8.75	Additional
22	The same of the sa	27				5. Certificate o	f Status Desired -		Fee R	tequired
City & State	e .	City & State				6. Election Ca	mpaign Financing	П	\$5.00	May Be
23		28				Trust Fund	Contribution	_ <del></del>	Added	to Fees
Zip			Country			8. This corpor	ation owes the curr	ent year Inta		_
24 25 29		29 3	30			Personal Property Tax.				
	9. Name and Address of Current	Registered Agent		- al		10. Name and	Address of New F	tegistered .	Agent	
	TEL PEROPALLA			81 Na	me D	<u>kymord</u>	mark	, [		
	TEL, DEBORAH A		ŀ	<b>82</b> Ştr	eet Addres	ss (P.O. Box Nur	nber, is Not Accepta			
	CONTERBURY DR W				303		n teubur		·	
PALI	M BEACH GARDENS FL 33415			83	1			•		
			-	84 Cit	<u> </u>				85 Zip	Code
				- 1	Hair	n Beh	Grans	FL	1 3	3418
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	and 607.1508, Florida Statutes	s, the ab	ove-nar	ned corpor	ation submits thi	s statement for the	purpose of	changing it	s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Suon change was aut idna of Section 607.0305, Florid	inorizea da Statu	by the d tes.	corporation	s board or direc	ors, riteraby accep	и ине аррон	KINCIII OS I	egistered
	Warnered M.	United .						4 X/2		}
SIGNATURE	Signature typed or printed name of registered agen-	and title if applicable. (NOTE: F	Registered /	Qent signa	ture required w	vhen reinstating)	· · · · · · · · · · · · · · · · · · ·			
12.	OFFICERS AND		13.			ADDITIONS	CHANGES TO OF	FICERS AN		
TITLE	VP	☐ DELETE	1.1 TITI	E					☐ Change	☐ Addition
NAME	MARTEL, RAYMOND H. ,		1.2 NA							l
STREET ADDRESS	202 CANTERBURG DR W		1.3 STF	REET ADOR	ESS					1
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CIT	Y-ST-ZIP				<del>-</del> .		
TITLE	P	DELETE	2,1 TITI	.E		•			Change	☐ Addition
NAME	Martel, Deborah A. ,	2.2 N		2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS	202 CANTERBURG DR W		2.3 STI							Ţ
CITY-ST-ZIP	PALM BEACH GARDENS FL	<u> </u>	2.4 CI	Y-ST-ZIP			<u> </u>			
TITLE		☐ DELETE	3.1 TIT	Æ				•	Change	Addition
NAME	· ·		3.2 NA	ME	]					J
STREET ADDRESS	·		3.3 STI	REET ADOR	ESS					}
CITY-ST-ZIP	<u> </u>		3.4. CII	Y-ST-ZIP			~			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TIT	E					Change	Addition
NAME	• • •		4. 2 NA	ME						
STREET ADDRESS			4.3 STI	REET ADDR	ESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP						
TITLE		☐ DELETE	5.1 TIT	Æ					☐ Change	Addition
NAME:			5.2 NA	ME						
STREET ADDRESS			5.3 ST	REET ADDR	ESS					ļ
CITY-ST-ZIP		•	5.4 CIT	Y-ST-ZIP	Ĺ					
TITLE		☐ DELETE	6.1 TIT	Æ					☐ Change	☐ Addition
NAME			6.2 NA	ME						
	Lieva eactor i rei		6.3 STF	REET ADDR	ESS	•				- 1
14.11	医抗心的 经证据的 医二甲基苯酚		1		- 1					1

14. I 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, with all other like empowered.

SIGNATURE:

INDITION OF PRINTED AND STRICK OF DIRECTOR

4-2199

36/626-0047 Daytime Phone # CR2E034 (11/98)