

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # **P95000002534 (2)**

1. Corporation Name

PERFECTION CONNECTION TOWING & RECOVERY, INC.



Principal Place of Business: **106150 OVERSEAS HWY. KEY LARGO FL 33037**
Mailing Address: **106150 OVERSEAS HWY. KEY LARGO FL 33037**

3. Date Incorporated or Qualified: **01/09/1995**
3a. Date of Last Report

4. FEI Number: **65-0545620**
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. 190.032, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business: **21 100830 OVERSEAS HYWY. State, Apt. #, etc. 22 City & State 23 KEY LARGO, FL Zip 24 33037 Country 25 MONROE 26 27 28 KEY LARGO, FL Zip 29 33037 Country 30 MONROE**

9. Name and Address of Current Registered Agent
**THOMES, TIMOTHY N
99198 OVERSEAS HWY.
SUITE 8
KEY LARGO FL 33037**

81 Name: **CLARENCE D. BOWERS**
82 Street Address (P.O. Box Number is Not Acceptable): **811 MADRID RD.**
83
84 City: **KEY LARGO FL 85 Zip Code 33037**

11. Pursuant to the provisions of Sections 607.0601 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 consent to the provisions of Sections 607.0601 and 607.1508, Florida Statutes.

SIGNATURE: *[Signature]* **CLARENCE D. BOWERS V/P** DATE: **1/26/96**

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: PINTO, GERALD	STREET ADDRESS: 106150 OVERSEAS HWY. KEY LARGO FL 33037	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: BOWERS, CLARENCE D	STREET ADDRESS: 811 MADRID RD. KEY LARGO FL 33037	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	<input type="checkbox"/> DELETE
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TITLE:	NAME:	STREET ADDRESS:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY, ST, ZIP:	V/P, D
21 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	P, D
24 CITY, ST, ZIP:	DIANA PINTO
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	17 HARBOR DR.
43 STREET ADDRESS:	KEY LARGO, FL 33037
44 CITY, ST, ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY, ST, ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 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 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, or on an attachment with an address.

SIGNATURE: *[Signature]* **DIANA PINTO** DATE: **1/26/96** PHONE: **(305)853-1110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)