


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749834** (8)
1. Corporation Name
TOWING AND RECOVERY ASSOCIATION OF AMERICA, INC.



Principal Place of Business 2200 MILL RD ALEXANDRIA VA 22314-4677 US		Mailing Address 2200 MILL RD ALEXANDRIA VA 22314-4677 US		3. Date Incorporated or Qualified 11/19/1979	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1942901	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip 29		Country 30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 617.0502 and 617.1508, 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 617.0503, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	M	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HALL, FLETCHER R			1.2 NAME	HARRIET S COOLEY		
STREET ADDRESS	2200 MILL ROAD			1.3 STREET ADDRESS	2200 MILL ROAD		
CITY-ST-ZIP	ALEXANDRIA VA			1.4 CITY-ST-ZIP	ALEXANDRIA, VA 22314		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIORGIS, WILLIAM			2.2 NAME			
STREET ADDRESS	2809 MAPLEWOOD ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	SAGINAW MI			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLASS, JOHN			3.2 NAME			
STREET ADDRESS	17 MARTIN LUTHER KING AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MORRISTOWN NJ			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COFFEY, ROGER			4.2 NAME			
STREET ADDRESS	4534 POPLAR LEVEL RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE KY			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLAND, MIKE			5.2 NAME			
STREET ADDRESS	2509 BROWNS BRIDGE ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE GA			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HADLEY, MAYNARD			6.2 NAME			
STREET ADDRESS	2200 MILL ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	ALEXANDRIA VA			6.4 CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

Harriet S Cooley
Harriet S Cooley

5/1/98

CR2E037 (1097)