

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H78886

(9)

1. Corporation Name:  
**ABLE AUTO RECOVERY, INC.**

Principal Place of Business		Mailing Address	
<b>% GENE S. ROSEN</b> <b>1550 NE MIAMI GARDENS DR #305</b> <b>MIAMI FL 33179</b>		<b>% GENE S. ROSEN</b> <b>1550 NE MIAMI GARDENS DR #305</b> <b>MIAMI FL 33179</b>	
2. Principal Place of Business		2a. Mailing Address	
<b>21</b> <b>State: Apt. # or</b>		<b>26</b> <b>State: Apt. # or</b>	
City & State		City & State	
<b>23</b>	<b>24</b>	<b>27</b>	<b>28</b>
Zip	City	Zip	City
<b>25</b>	<b>26</b>	<b>29</b>	<b>30</b>

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>10/02/1985</b>	<b>07/06/1994</b>
4. FEI Number	Applied For <b>59-1086195</b> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Third Party Contributors	<input type="checkbox"/> <b>\$5.00</b> May Be Added To Fees
7. This corporation has liability for intangible tax under § 100.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROSEN, GENE S.</b> <b>1550 N.E. MIAMI GARDENS DRIVE</b> <b>NORTH MIAMI BEACH FL 33179</b>				<b>81</b>	Name		
				<b>82</b>	Street Address (P.O. Box Number Is Not Acceptable)		
				<b>83</b>			
				<b>84</b>	<b>City</b>	<b>85</b>	<b>Zip Code</b>
				<b>FL</b>			

11. Pursuant to the provisions of Sections 601.7, 601.8 and 601.9 of the Florida Statutes, the above-named corporation submits the 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 this appointment as registered agent. I am familiar with and accept the obligations of the new § 601.7 (2)(b) Florida Statutes.

SIGNATURE

Officer/Agent Name and Title/Position		Officer/Agent Street Address		Officer/Agent City/Zip Code	
<b>12.</b>	<b>DV</b>	<b>13.</b>	<b>Officer/Agent Name and Title/Position</b>	<b>14.</b>	<b>Officer/Agent Street Address</b>
<b>NAME</b>	<b>WEINSTEIN, MICHAEL</b>	<b>1401</b>	<b>Officer/Agent City/Zip Code</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
<b>STREET ADDRESS</b>	<b>5847 DAWSON ST.</b>	<b>1401</b>	<b>NAME</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
<b>CITY/ZIP</b>	<b>HOLLYWOOD FL</b>	<b>1401</b>	<b>OFFICE ADDRESS</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
<b>NAME</b>	<b>D</b>	<b>1401</b>	<b>OFFICE CITY/ZIP</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
<b>STREET ADDRESS</b>	<b>WEINSTEIN, MILTON</b>	<b>1401</b>	<b>NAME</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
<b>CITY/ZIP</b>	<b>5847 DAWSON ST.</b>	<b>1401</b>	<b>OFFICE ADDRESS</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
<b>NAME</b>	<b>HOLLYWOOD FL</b>	<b>1401</b>	<b>OFFICE CITY/ZIP</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
<b>NAME</b>		<b>1401</b>	<b>NAME</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
<b>STREET ADDRESS</b>		<b>1401</b>	<b>OFFICE ADDRESS</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
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<b>NAME</b>		<b>1401</b>	<b>NAME</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
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<b>NAME</b>		<b>1401</b>	<b>NAME</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev
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<b>CITY/ZIP</b>		<b>1401</b>	<b>OFFICE CITY/ZIP</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Add/Rev

14. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(c), 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 a handwritten original that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 601.7, Florida Statutes, and that my name appears in Block 12 of Block 1 of change or regular amendment with all addresses.

SIGNATURE: Michael Weinstein MICHAEL WEINSTEIN 5-2-95 305.989.8155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR