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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H78886** **(9)**

1. Corporate Name
**ABLE AUTO RECOVERY, INC.**

Principal Place of Business
**% GENE S. ROSEN**
**1550 NE MIAMI GARDENS DR #305**
**MIAMI FL 33179**

Mailing Address
**% GENE S. ROSEN**
**1550 NE MIAMI GARDENS DR #305**
**MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 10/02/1985 | 07/06/1994 |

2. Principal Place of Business (21) — Suite, Apt. # or other (22) — City & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite, Apt. # or other (27) — City & State (28) — Zip (29) — County (30)

4. FEI Number **59-1086195** — Applied For ☐ — Not Applicable ☐

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Candidate ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROSEN, GENE S.**
**1550 N.E. MIAMI GARDENS DRIVE**
**NORTH MIAMI BEACH FL 33179**

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 607.325 and 607.1008, 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 607.325, Florida Statutes.

SIGNATURE

| 12. OFFICER AND DIRECTORS | | 13. ADDITIONS, CHANGES OR DELETIONS (DELETE TYPE) |
|---|---|---|
| TITLE | DV | ☐ Change ☐ Addition |
| NAME | WEINSTEIN, MICHAEL | |
| STREET ADDRESS | 5847 DAWSON ST. | |
| CITY ST ZIP | HOLLYWOOD FL | |
| TITLE | D | ☐ Change ☐ Addition |
| NAME | WEINSTEIN, MILTON | |
| STREET ADDRESS | 5847 DAWSON ST. | |
| CITY ST ZIP | HOLLYWOOD FL | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
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| STREET ADDRESS | | |
| CITY ST ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY ST ZIP | | |

14. I/We hereby certify that the information supplied with this report is substantially complete and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I/We 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 above, or on an attachment with an address.

**SIGNATURE:** Michael Weinstein — MICHAEL WEINSTEIN — 5-2-95 — 305 949-8155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0194110 CP