

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L02142 (2)**

1. Corporation Name
BLUE JAY TOWING AND RECOVERY INC.



Principal Place of Business: **C/O JAMES MILLER, 1221 S. 26TH AVE., HOLLYWOOD FL 33020**
Mailing Address: **C/O JAMES MILLER, 1221 S. 26TH AVE., HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **07/14/1989**
3a. Date of Last Report: **08/01/1995**
4. FEI Number: **65-0129268**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**MILLER, JAMES
3300 PEMBROKE ROAD
LOT 450
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS (Delete) fields for James Miller and Deborah Miller, including Title, Name, Street Address, City-ST-ZIP.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Change/Addition) fields for 11-12 Name, 13-14 Name, 15-16 Name, 17-18 Name, 19-20 Name, 21-22 Name, 23-24 Name.

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 if changed, or on an attachment with an address.

SIGNATURE: *James D. Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/95 954-921-6835
Date Daytime Phone #

CR2E034 (12/95)