


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L30011 (5) 1. Corporation Name HS AUTO SALES AND TOWING, INC.					
Principal Place of Business C/O MARC C STERN 10621 N.W. 53RD STREET SUNRISE FL 33351 US			Mailing Address C/O MARC D STERN 10621 N.W. 53RD STREET SUNRISE FL 33351-8079 US		
2. Principal Place of Business 21 4000 SW 47 Ave Suite, Apt. #, etc. 22 City & State 23 Davie, FL Zip 24 33314 Country 25 USA		2a. Mailing Address 26 13730 W. STRA 84 Suite, Apt. #, etc. 27 Suite A City & State 28 Davie FL Zip 29 33325 Country 30 USA		3. Date Incorporated or Qualified 11/13/1989	
				3a. Date of Last Report 05/01/1996	
				4. FEI Number 65-0155662	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STERN, MARC D 10621 NW 53 ST SUNRISE FL 33351					
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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DVPT	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	STERN, HEATH		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	10621 N.W. 53RD ST.		1.2 NAME		
CITY-ST-ZIP	SUNRISE FL		1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE	DPS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STERN, MARC D		2.2 NAME		
STREET ADDRESS	10621 N.W. 53RD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP		
			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			4.2 NAME		
TITLE		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
NAME			4.4 CITY-ST-ZIP		
STREET ADDRESS			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			5.2 NAME		
			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: Marc D. Stern Pres Marc D. Stern Pres 3/30/97 954-742-0338 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)