FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996 7-16-96 B-7307

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

DOCUMENT # L89409 (1)

1. Corporation Name
BOB'S TOWING, INC.

Principal Place of Business
3950 SW 47 AVE
DAVIE FL 33314
US

Mailing Address
P O BOX 6130
HOLLYWOOD FL 33021
US

2. Principal Place of Business
21 5030 S SR 7
Suite, Apt #, etc.
22
City & State
23 Ft LAUD, Fla.
Zip
24 33314
Country
25 Broward

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 07/27/1990
3a. Date of Last Report: 06/15/1995
4. FEI Number: 65-0209660 — Applied For / Not Applicable
5. Certificate of Status Desired [X] $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

9. Name and Address of Current Registered Agent
MUCHA, MICHAEL A.
3950 SW 47TH AVE
DAVIE FL 33314

10. Name and Address of New Registered Agent
81 Name: MUCHA, MICHAEL A.
82 Street Address (P.O. Box Number is Not Acceptable)
83 5030 S SR 7
84 City: Ft LAUD FL 85 Zip Code: 33314

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 [signature] Pres [signature] 3-1-96
Signature, typed or printed name of registered agent and title if applicable — (Title) Registered Agent Signature (required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	[ ] DELETE
NAME	MUCHA, MICHAEL A	
STREET ADDRESS	3950 SW 47 AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	[X] DELETE
NAME	MUCHA, VIRGINIA S.	
STREET ADDRESS	6690 STIRLING RD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VT	[X] DELETE
NAME	MUCHA MORMA	
STREET ADDRESS	3950 SW 47TH AVE	
CITY-ST-ZIP	DAVIE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	~~P T~~	[X] Change [ ] Addition
1.2 NAME	~~Mucha, Michael A~~	
1.3 STREET ADDRESS	~~5030 S SR 7~~	
1.4 CITY-ST-ZIP	~~Ft Laud Fla 33314~~	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	~~V S~~	~~[X] Change~~ [ ] Addition
3.2 NAME	~~Norma Mucha~~	
3.3 STREET ADDRESS	~~5030 S SR 7~~	
3.4 CITY-ST-ZIP	~~Ft Laud Fla 33314~~	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: [signature] Mike Mucha 4-25-96 954-584-0039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #