

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28894 (4)**
1. Corporation Name
RAPID RESPONSE ROADSERVICE MOTOR CLUB, INC.



Principal Place of Business: **275 EAST HILLCREST DRIVE THOUSAND OAKS CA 91360**
Mailing Address: **275 E. HILLCREST DR. 204 THOUSAND OAKS CA 91360 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
City & State (22-23)
Zip (24)
Country (25-29)

3. Date Incorporated or Qualified: **04/13/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **33-0342040**
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

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	DIGIOVANNI, DENNIS G.	1.2 NAME	Dennis G. DiGiovanni
STREET ADDRESS	275 E. HILLCREST DR, 204	1.3 STREET ADDRESS	275 E. Hillcrest Dr., #204
CITY-ST-ZIP	THOUSAND OAKS CA	1.4 CITY-ST-ZIP	Thousand Oaks, CA 91360
TITLE	VSTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE R. BINDER	2.2 NAME	
STREET ADDRESS	275 E. HILLCREST DR. #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL R. POLETTI	3.2 NAME	
STREET ADDRESS	275 E. HILLCREST DR. # 204	3.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES KASTLER	4.2 NAME	
STREET ADDRESS	275 E. HILLCREST DR. # 204	4.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A. ROUSE	5.2 NAME	
STREET ADDRESS	275 E HILLCREST DR. # 204	5.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENIS M. ROUSE	6.2 NAME	
STREET ADDRESS	275 E. HILLCREST DR. # 204	6.3 STREET ADDRESS	
CITY-ST-ZIP	THOUSAND OAKS CA	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: *Theodore R. Binder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Theodore R. Binder, Secy./Treasurer

April 23, 1996 (805) 379-3766
DATE DAYTIME

CR2E034 (12/95)