

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 # P93000080303 (9)

1. Corporation Name

AUTO RECOVERY OF FT. LAUDERDALE INC.



| | |
|---|---|
| Principal Place of Business 124 NW 4TH ST FT. LAUDERDALE FL 33301 | Mailing Address 124 NW 4TH ST FT. LAUDERDALE FL 33301 |
|---|---|

| | | | | | |
|--------------------------------|------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/22/1993 | 3a. Date of Last Report 06/22/1995 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 65-0448666 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 30 | | 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 MCCOY, SANDRA G 124 NW 4TH ST. FT. LAUDERDALE FL 33301 | | 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 *Sandra S. McCoy* DATE

| | | | |
|----------------------------|---------------------------------------|---|----------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PSD | 1.1 TITLE | <i>President</i> |
| NAME | RENKEN, RAYMONDE | 1.2 NAME | <i>McArthur, Douglas M.</i> |
| STREET ADDRESS | 4798 CHARIOT CIRCLE | 1.3 STREET ADDRESS | <i>1601 NW 21st Street</i> |
| CITY-ST-ZIP | LAKE WORTH FL 33463 | 1.4 CITY-ST-ZIP | <i>Boynton Beach, FL 33436</i> |
| TITLE | VTD | 2.1 TITLE | <i>VTD</i> |
| NAME | MCARTHUR, DOUGLAS M. <i>President</i> | 2.2 NAME | <i>Smith, Kyle R.</i> |
| STREET ADDRESS | 1601 NW 21ST ST. | 2.3 STREET ADDRESS | <i>6132 Haddon Rd.</i> |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | 2.4 CITY-ST-ZIP | <i>West Palm Beach, FL 33417</i> |
| TITLE | | 3.1 TITLE | <i>ST</i> |
| NAME | | 3.2 NAME | <i>Honacher, Jack W.</i> |
| STREET ADDRESS | | 3.3 STREET ADDRESS | <i>5184 E. L. Claro Circle</i> |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | <i>West Palm Beach, FL 33405</i> |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: *Douglas McArthur* 2-296 (305) 767-9070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)