SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT PTE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) APPROVED ROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 AUG 23 PH 2: 25 1996 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # P9400027053 NEWPHEW'S Towne of RECOVERY, INC. Principal Place of Business Nephew's Towing & Recovery Inc. 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 330 Linkov 2a. Mailing Address 12-31-94 6235 Shirtey ST Applied For 360 31 65-0484798 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Mari of business \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing <u> Ia</u> \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intengible tax under s. 199.032. Florida Statutes 9. Name and Address of Current Registered Agent Yes No 10. Name and Address of New Registered Agent LUIS R. RODRIQUEZ 360 31 ST ST NW Naples, Sla 34120 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12 - OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. MILE (3/3/6) Luis R. Rodriguez 360 313+ STNW Naples DIA ZIII Hesiden DELETE 1.1 TITLE Change Addition MALAF 12 NAME STREET ADDRESS CR2E034 -88/23/96--61099- 901 1.3 STREET ADDRESS CITY-ST-ZIP *****200.00 ****200.00 1.4 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3 f TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-21P 34. CITY-ST-ZIP TOTALE DELETE 4.1 DTLE Change Addition NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST- 2IP TITLE DELETE 61 TITLE Fee \$ 200. Change Addition NAME 63 MAKE LATE Fee Waived Due +0
63 STREET ADDRESS MAILING Error. STREET ADDRESS 14. If 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 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 617, Florida Statutes, and CITY-ST-ZIP SIGNATURE: 8-26-96. SIGNATURE AND TYPED OR PRI SIGNING OFFICER OR DIRECTOR