FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 APR 28 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053095 (3)

1. Corporation Name

CAROL'S TOWING, INC.

Principal Place of Business

800 N. MAGNOLIA AVE. SUITE 1500
ORLANDO FL 32803

Mailing Address

800 N. MAGNOLIA AVE. SUITE 1500
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21	651 N. Goldenrod
Suite, Apt #, etc. — 22	Suite 20
City & State — 23	Orlando, FL
Zip — 24	32807
Country — 25	US
2a. Mailing Address — 26	651 N. Goldenrod
Suite, Apt #, etc. — 27	Suite 20
City & State — 28	Orlando, FL
Zip — 29	32807
Country — 30	US

3. Date Incorporated or Qualified: 07/14/1994

3a. Date of Last Report: N/A

4. FEI Number: 59-3261573 — [ ] Applied For [ ] Not Applicable

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 [X] No

9. Name and Address of Current Registered Agent

LEE, STEVEN C
800 N. MAGNOLIA AVE., SUITE 1500
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Goodeaux, Carol
82 Street Address (P.O. Box Number is Not Acceptable): 651 N. Goldenrod
83 Suite 20
84 City: Orlando 85 FL Zip Code: 32807

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: Carol Goodeaux (Signature of Registered Agent) 03/16/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		1 TITLE	P/S/T/D	[X] Change [X] Addition
		1 NAME	Goodeaux, Carol	
		1 STREET ADDRESS	2715 Lake Pickett Place	
		1 CITY-ST-ZIP	Chuluota FL 32766	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

14. I 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 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: Carol Goodeaux — 3/16/95 — (407) 366-1290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Goodeaux, President

0065110 CP