SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 11:11

DOCUMENT # **P94000065128 (8)**

1. Corporation Name

ATLANTIC ROAD ASSISTANCE & TOWING, INC.

Principal Place of Business	Mailing Address
12398 SOUTHWEST 128TH STREET BAY 104 MIAMI FL 33186	12398 SOUTHWEST 128TH STREET BAY 104 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified: 09/06/1994 | 5a. Date of Last Report:

2. Principal Place of Business: 21 12398 SW 128th St
Suite, Apt. #, etc: 22 BAY # 104
City & State: 23 Miami Fla
Zip: 24 33186 Country: 25 USA

2a. Mailing Address: 26 16425 SW 103 Ct
Suite, Apt. #, etc: 27
City & State: 28 Miami Fla
Zip: 29 33157 Country: 30 USA

4. FEI Number: 65-0517577 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☐ Yes ☒ No — $8.75 Additional Fee Required

6. [illegible] ☐ — $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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: THERESA GROCHER
82 Street Address (P.O. Box Number is Not Acceptable): 16425 SW 103 Ct
83
84 City: Miami FL 85 Zip Code: 33157

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 hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Theresa Grocher THERESA GROCHER DIRECTOR 7/12/95
(Signature, Type or Print Name of Registered Agent and Title, if Applicable) (NOTE: Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13.	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GROCHER, HERMAN P	12 NAME	
STREET ADDRESS	12398 SOUTHWEST 128TH STREET	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33186	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(i), 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: Herman P. Grocher HERMAN P. GROCHER 7/12/95 305 232-8652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0065826 CP