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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010598 (7)

1. Corporation Name

ABSOLUTE TOWING, INC.



Principal Place of Business

1130 MARLOWE AVE.
ORLANDO FL 32809

Mailing Address

1130 MARLOWE AVE.
ORLANDO FL 32809

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

LARSEN, PETER
1130 MARLOWE AVE.
ORLANDO FL 32809

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

Signature of person or persons authorized to sign this report on behalf of the corporation. (If the registered agent is signing, the signature must be witnessed by another person.) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PRES
PETER LARSEN
1130 MARLOWE AVE
ORLANDO FL 32809

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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9. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

10. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

11. TITLE NAME STREET ADDRESS CITY-STATE-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:

Pete Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 407-850-6000

CR2E034 (12/95)