## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000048691 (5)

AUTOW NETWORK RECOVERY INC.

Principal Place of Business	Mailing Address					
1270 N.E. 22NO STREET FT. LAUDERDALE FL 33305	1270 N.E. 22ND STREET FT. LAUDERDALE FL 33305-2334					

FILED Apr 28 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

							06/05/	1996			
2. Principal Place of Business 2a. Mailing Address						4.	4. FEI Number			A	pplied For
21 26							6-0673180			Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5.	Certificat	e of Status Desired			Additional
22		27			<del> </del>			o or oraces pooring			equired
City & State City & State								Campaign Financin			May Be
23	28			Country				d Contribution	U		to Fees
Zip	Country	Zip	<del>}</del>	intry	1	8.		poration has liability	A	-	. 199.032,
24	9. Name and Address of Curr	29	30		<del></del>	10	Florida S	tatutes nd Address of Nev		L No	
QD.	REELY, WILLIAM J JR.	on noglatorou Again		81	Name	10,	7447110 41	10 71001000 01 1101	· · · · · · · · · · · · · · · · · · ·	- rigotti	
	39 N. DIXIE HWY.				<u> </u>						
9239 N. DIAIE NTT. B-2				Street Address (P.O. Box Number is Not Acceptable)							
	LAUDERDALE FL 33334			83	<del> </del>					·	
F 1.	. DAUDERDALL I'L 00004		,								
				84	City				FI	85 Zip	Code
11. Pursuani	t to the provisions of Sections 607.09	302 and 607 1508. Florida St	atutes the a	bove	named co	rporatio	atimdus no	this statement for		- ( ( .	ts registered
office or	t to the provisions of Sections 607.0t registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change w	as authorize	d by	the corpor	ation's	board of d	irectors. I hereby a	ccept the ap	pointment as	registered
	am raminal with, and accept the ob-	galions of, acciton 607.0000	, monua sia	wies	•						
SIGNATURE	Signature: type-clior printed name of registered a	igeni ang title if applicable	(NOTE: Registere	d Ape	ni signature rec	uired whe	n reinstating)		DATE		
12.		ND DIRECTORS	13.		<del>                                     </del>			IS/CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 12
TITLE		DELETE	1.1 TI	TLE		Pres	Fidai	<del></del>		Change	Addition
NAME			1.2 N	AME	1 1	Wil	liam	Greely	30		•
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CITY-ST-2IP			1.4 0	ITY-S	T-ZIP	Pt	Lau	devdale	FL	33331	P
TITLE		DELETE	2.1 TI	TLE						Change	Addition
NAME			2.2 N	AME							
STREET ADDRESS	. }		2.3 \$	TREET	ADDRESS	•					
CITY - ST - ZIP			2.40	ity-\$	T-ZIP		+				
TITLE				31 TITLE						Change	Addition
NAME			3.2 N	AME	İ						
STREET ADDRESS			3.3 S	TREET	ADDRESS						
City-St-ziP			3.4. (	ITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 T	TLE						Change	Addition
NAME			4.21	IAME	: ]						
STREET ADDRESS	.]		4.3 S	TAEET	ADDRESS						
CITY - S1 - ZIP			4.4 C	ITY-S	T- <b>Z</b> IP			·			
TITLE		DELETE	5.1 7	TLE						Change	Addition
NAME		1.	52 N	AME							
STREET ADDRESS	.]	1 3	535	TREET	ADDRESS						
CITY-ST-ZIF	}		5.4 C	ITY - S	T-ZIP			<u> </u>			
TITLE		DELETE	6.1 1							Change	Addition
NAME			6.2 N	AME							
STREET ADDRESS			6.3 S	TREET	ADDRESS						
	i										
CHY - \$1 - Z(P)	}		6.4 C	ITY-S	r-zip						

. I do 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

954-565-275