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Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000058083 (2)

1. Corporation Name:  
AUTO RECOVERY SERVICE, INC.

Principal Place of Business  
8 FOXFIRE ROAD  
HOLLYWOOD FL 33021

Mailing Address  
3 FOXFIRE ROAD  
HOLLYWOOD FL 33021-3000



2. Principal Place of Business

21 DBA  
Suite, Apt. #, etc.

2a. Mailing Address

26 DBA  
Suite, Apt. #, etc.

22 AMERICAN LENDERS SERVICE CO.  
OF FORT LAUDERDALE  
City & State  
2550 South Park Road  
Pembroke Park FL 33009  
Zip

27 AMERICAN LENDERS SERVICE CO.  
OF FORT LAUDERDALE  
City & State  
PO Box 2550  
HALLANDALE FL 33008-2550  
Zip

3. Date Incorporated or Qualified  
07/10/1996

3a. Date of Last Report

4. FEI Number

☒ 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

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LONDON, MARK S  
4030-C SHERIDAN STREET  
HOLLYWOOD FL 33021

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 officer or director of corporation and the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PT  
GARNER, BILL M  
HOLLYWOOD FL 33021  
N/A

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
N/A

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
N/A

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
N/A

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
N/A

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
N/A

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
PRES - TREAS  
BILL M GARNER  
P.O. BOX 2550  
HALLANDALE FL 33008-2550

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
NO STREET ADDRESS  
AVAILABLE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
N/A

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
N/A

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
N/A

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
N/A

14. 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 OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)