

P97000072693

Requestor's Name

South Florida Auto Recovery, Inc.
1000 W. Oakland Park Blvd
Wilton Manors, Fl. 33311

City/State/Zip

Phone #

800002622988--2
-08/24/98-01060-016
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

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 Mail out
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 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA Chg.

V8 AUG 31 1998

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: South Florida Auto Recovery, Inc.

2. The mailing address of the corporation is: 480 West Prospect Road, Oakland Park, FL 33309
New 1000 W. Oakland Park Blvd., Wilton Manors, FL 33311

3. Date of incorporation/qualification: August 15, 1997 Document number: P97000072693

4. The name and address of the current registered agent and office:
NORMAN KENT, ESQUIRE
800 East Broward Boulevard, Suite 310
Fort Lauderdale, FL 33301

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5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
THOMAS PEECHER
1000 West Oakland Park Boulevard
Wilton Manors, FL 33311

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] PEECHER 8/21/98
(Signature of an officer, chairman or vice chairman of the board) (Date)

THOMAS PEECHER, PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] 8/21/98
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

THOMAS PEECHER PRESIDENT
(Typed or Printed Name) (Capacity)