

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
Tallahassee, Florida 32399-0400

AND FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S11597** (9)
ROADSIDE RECOVERY SERVICE, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business % HARVEY FRIEDMAN 5572 PARK BLVD PINELLAS PARK FL 34665 US		2a. Mailing Address % HARVEY FRIEDMAN 5572 PARK BLVD PINELLAS PARK FL 34665 US	
21. State App # of	22. City & State	26. State App # of	27. City & State
23. Country	24. Zip	28. Country	29. Zip
25. Country	25. Zip	30. Country	30. Zip

3. Date Incorporated or Qualified 11/08/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3039816	<input type="checkbox"/> Agreed To <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRIEDMAN, HARVEY 5572 PARK BLVD PINELLAS PARK FL 34665				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 607.0291 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 607.0545, Florida Statutes.

SIGNATURE _____
Name of Registered Agent (Type, Print, and Print Legibly) _____
Name of Registered Agent (Type, Print, and Print Legibly) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY & STATE	D FRIEDMAN, HARVEY 5572 PARK BLVD PINELLAS PARK FL	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & STATE	D FRIEDMAN, CAROLYN H. 5572 PARK BLVD PINELLAS PARK FL	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & STATE		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & STATE		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY & STATE		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing, voluntarily furnished and true, and qualify for the recognition stated to have been filed in the Florida Statutes. I further certify that the information included 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 the 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 on Block 1, on Block 1a, or paragraph 1 of an alternate form with an address.

SIGNATURE: **HARVEY FRIEDMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

51-95 813-546-0061