

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		2a. Mailing Address	
% HARVEY FRIEDMAN 5572 PARK BLVD PINELLAS PARK FL 34665 US		% HARVEY FRIEDMAN 5572 PARK BLVD PINELLAS PARK FL 34665 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/08/1990	05/01/1994
22. State App # of	27. State App # of	4. FEI Number	Applied For / Not Applicable
22	27	59-3039816	
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
24. Country	29. Country	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29		
25. Country	30. Country	6. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	Yes / No
25	30		

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 _____

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

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the recognition stated to have been granted by 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 or 2 of an affidavit filed with this report.

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

5145 813-546-0061