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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P 950000694417

JEL TOWING SERVICES INC

FILED

97 JUN 23 PM 1: 13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place							
	e of Business PADDLEWHERL ST 14L 33687	Mailing Address B345 TAMRA	PADDLEN FL 33	) HEEL 51 637	Date Incorporated or Qualified	3a. Date of I	ant Poppart
					6-1-95		asi neport
	lace of Business	2a. Mailing Add			4. FEI Number	<u>,                                     </u>	Applied For
21 834			PADDLEN	HEELSI	59-3335132		Not Applicable
Suite, Apt. :	IPA FL	Suite, Apt. #			5. Certificate of Status Desired	1 1 '	.75 Additional ee Required
City & State 23 336	37 USA	City & State 336.	37 L	15A	Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees
Zip Zip	Country	Ζιρ	Cour	ntry	8. This corporation has liability for in		nder s. 199.032,
24	25	29	[30]			Yes X No	
	9. Name and Address of Current	Registered Agent		B1 Name	10. Name and Address of New Reg	istered Agent	
	LIZBETH LUGI	$\gamma$	ľ	Name			
`		-		82 Street Addro	oss (P.O. Box Number is Not Acceptable	e)	
	B345 PADDLEW		Į.	83			
10	TAMPA, FL 3	363T					
•			1	84 City		FL 85	Zip Code
11. Weyant t	to the provisions of Sections 607,0502	and 607.1508. Flori	da Statutes, the ab	ove-named coro	oration submits this statement for the pu	roose of chang	ning its registered
		A.F. I. Carlo all and	no was sutharized	by the corporation	on's board of directors. I hereby accept	the appointme	ent as registered
office or re	egistered agent, or both, in the State of	on Florida Such Char None of Rection 607	NSDS, Blorida Stati	toe			
	egistered agent, or both, in the State on familiar vith, and accept the Julian	of Florida, Such Char- tions of, Section 607.	.0505, Florida Statu	ites.	6-	12-97	
SIGNATURE	egistered egent, or both, in the State of mamiliar with, and accept the Juliana Signature lypes of minted name of roy stored agen	<u>ייע</u> עי	CC-PLES	Ites.  DEXT  Agent signature require	6-	18-97	
SIGNATURE	Josetti SUO	I and title if applicable	CC-PLES	DENT	6-	18-97 DATE	
SIGNATURE	Signature lyped of firinted name of roy-stored agen OFFICERS AND	I and title if applicable	(NOTE Registered	OEUT Agent signature require	6 -	18-97 DATE	CTORS IN 12
SIGNATURE 12.	Signature lynes of printee name of recisioned Apon OFFICERS AND PRESIDENT	I and title if applicable DIRECTORS	(NOTE Registered	Agont signature require	d when reinstelling) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRE	CTORS IN 12 lange
SIGNATURE 12. THILE	Signature types of firities name of redistored bases OFFICERS AND PRESIDENT	Tend (tile if applicable DIRECTORS DI	(NOTE Registered 13.	Agont signature require	d when reinstelling)  ADDITIONS/CHANGES TO OFFICE  TIDE 10 10 10 10 10 10 10 10 10 10 10 10 10	DATE  ERS AND DIRE  Cr  2797—-010	CTORS IN 12 lange Addition
SIGNATURE 12. TITLE NAME	Signatury lyted of printed name of recisioned Agen OFFICERS AND TRES DENT JUAN C. LUCO	I and tale if applicable DIRECTORS DIRECTORS DIRECTORS	(NOTE Registered  13.  LIETE 111111  12 NAI  13 STR  14 CIT	Agont signal.ire required  E ME	d when reinstelling) ADDITIONS/CHANGES TO OFFICE	OATE ERS AND DIRE CONTROL CONT	CTORS IN 12 lange
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature lynes of printed name of recisioned Apon OFFICERS AND TRESIDENT JUAN (LUGO B345 PADDLENHS	I and tale if applicable DIRECTORS DIRECTORS DIRECTORS	(NOTE Registored 13	Agont signature required  E ME EE1 ADDRESS (-S1-ZIP	d when reinstelling)  ADDITIONS/CHANGES TO OFFICE  TIDE 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	OATE ERS AND DIRE CONTROL CONT	CTORS IN 12 lange Addition
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I do hereby certify that the information supplied with this filling does not qualify for the exemption state in Section 1.19.07(3)th. Frontia statutes. Therefore the filling does not qualify 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 firefier 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 an officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/97 (

(813)988-6813