FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ABC U-PULL-IT, INC.	
Principal Place of Business	Mailing Address
6000 DYER BOULEVARD WEST PALM BEACH FL 33407	6000 DYER BOULEVARD WEST PALM BEACH FL 33407
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22	27

FILED Feb 18 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/17/1997 4. FEI Number Applied For Not Applicable \$8.75 Additional Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip ZID 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Brams. Daniel J 1645 PALM BEACH LAKES BOULEVARD 82 **SUITE 1050** 83 WEST PALM BEACH FL 33401 84 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 egent, or both in the State Pholida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and appointment as registered agent. I am familiar with, and appointment as registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELET**E** Change Addition 1.1 TITLE TITLE VERTUCCI, GERARD 1.2 NAME MAKAF 6000 DYER BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE VICE PASS Change TITLE 21 TITLE GARY VENTUCCI 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-7IP CITY-ST-ZIP **₩** Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME JAMES VENTUCOI 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I 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 thanges or 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 thanges or 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 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 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

ZILAO

561-863-0004