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

**PROFIT** CORPORATION ANNUAL REPORT 1999

JONAS TOWING, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000036939 1. Corporation Name

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90034 032 \*\*\*150.00



Principal Place of Business			Mailing Address							
115 SW 34TH AVENUE 115 SW 34TH AVENUE DEERFILD BEACH FL 33442 DEERFILD BEACH FL 33442				2						
								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualifed		
								04/22/1998		
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number		Applied For
21		26	-					65-0831321	1	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	* *	Additional
22			27					5. Certificate of Status Desired	Fee	Required
City & State			City & State					6. Election Campaign Financing	• -	May Be
23		28						Trust Fund Contribution		to Fees
Zíp	Country	$\vdash$	Zip		intry			8. This corporation owes the current ye	ar Intangible	<b>M</b> No
24	25	29		30	1			Personal Property Tax.  10. Name and Address of New Regist		<b>2</b> 3740
	9. Name and Address of Curr	ent Kegis	tered Agent		81	Name		10. Name and Address of New Regist	ered Agent	
YEE	ND, JOHN M					•				
1109 SOUTH CONGRESS AVENUE						Street /	Addres	ss (P.O. Box Number is Not Acceptable)		
	T PALM BEACH FL 33406	•			83					
*****	7 1 7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							· · · · · · · · · · · · · · · · · · ·		
					84	City			FI 85 Zi	Code
office or re agent. I ar SIGNATURE	to the provisions of Sections out. or segistered agent, or both, in the Staten familiar with, and accept the oblining signature, typed or printed name of registered a	e of Florid gations of	la. Such change was a , Section 607.0505, Flo	uthorized rida Stat	d by utes	the corpo	oration	ration submits this statement for the purpor's board of directors. I hereby accept the	appointment as i	registered
12.	OFFICERS A			13,	- Agen	t signature re	oqonou i	ADDITIONS/CHANGES TO OFFICE		FORS IN 12
TITLE	PDS		☐ DELETE	1.1 TI	TLE				Change	
NAME	DE OLIVEIRA, JONAS			1.2 N	AME					1
STREET ADDRESS	115 SW 34TH AVENUE			135	TREET	ADDRESS				1
CITY-ST-ZIP	DEERFILD BEACH FL 33442			1.4 C	ITY-S	T-ZIP				
TITLE	DEDIN 120 00 1011 1 2 00 1 12		☐ DELETE	2.1 TI					☐ Change	e Addition
NAME				2.2 N	AME					ŀ
STREET ADDRESS				2.3 5	TREET	ADDRESS				ł
CrTY-ST-ZIP				2.40	ITY-S	T-ZIP		<u> </u>	• ·	
TITLE			☐ DELETE	3.1 T	TLE				☐ Change	e 🔯 Addition
NAME				3.2 N	AME				•	
STREET ADDRESS				3.3 S	TREET	ADDRESS				ļ
CITY-ST-ZIP				3.4. 0	ITY-S	T-ZIP				- Chaddison
TITLE			☐ DELETE	4.1 T		!			☐ Change	e 🗌 Addition
NAME				4.2 N						
STREET ADDRESS				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				_	ITY-S	T-ZIP			☐ Change	e Addition
TITLE			☐ DELETE	5.1 TI 5.2 N					□ Chang	- Dyongon
NAME						ADORESS		· .		
STREET ADDRESS					TY-S					ļ
CITY-ST-ZIP			☐ DELETE	6.1 T		1-ZIF			Change	e 🔲 Addition
TITLE				6.2 N					T 2.101.0	
NAME expect appears				1		TADDRESS			•	

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 changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: