FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 05 1996 8:00 am
Secretary of State

DOCUMENT # **V46575** **(9)**

1. Corporation Name

CROSSTOWNE WRECKER SERVICE INC.

Principal Place of Business

212/214 NW 1ST AVE
HALLANDALE FL 33009
US

Mailing Address

212/214 NW 1ST AVE
HALLANDALE FL 33009
US

3. Date Incorporated or Qualified: **06/24/1992**

3a. Date of Last Report: **02/13/1995**

4. FEI Number: **65-0342532** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21
22
23 Zip 24 County 25

2a. Mailing Address

26
27
28 Zip 29 County 30

9. Name and Address of Current Registered Agent

MORALES ELSA M.
~~**2247 VAN BUREN STREET**~~ 5614 Grant Street
~~**HOLLYWOOD FL 33020**~~ Hollywood Fla
33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5614 Grant Street
83
84 City: Hollywood FL 85 Zip Code: 33021

11. Pursuant to the provisions of Section 607.0505 and/or 617.0505, 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, the position, under Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ESCANDON, HARRY JR.	
STREET ADDRESS	~~2247 VAN BUREN STREET~~	
CITY-ST-ZIP	~~HOLLYWOOD FL~~	
TITLE	STD	☐ DELETE
NAME	MORALES, ELSA M.	
STREET ADDRESS	~~2247 VAN BUREN STREET~~	
CITY-ST-ZIP	~~HOLLYWOOD FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS	5614 Grant Street.	
4. CITY-ST-ZIP	Hollywood Fla 33021	
5. TITLE		☒ Change ☐ Addition
6. NAME		
7. STREET ADDRESS	5614 Grant Street	
8. CITY-ST-ZIP	Hollywood, Fla 33021	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.0505(4), Florida Statutes, for the corporations listed in Section 119.07(3)(i), Florida Statutes. I further certify that this Annual Report or Supplemental Annual Report is true and correct 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 added to the report.

SIGNATURE: x Harry Escandon Jr. DATE (954) 456-6668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #