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**Mar 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 347444 (2)

1. Corporation Name
DRISCOLL'S TOWING SERVICE, INC.



Principal Place of Business: **1701 N DIXIE HIGHWAY POMPANO BEACH FL 33060**
Mailing Address: **1701 N DIXIE HIGHWAY POMPANO BEACH FL 33060-5248**

3. Date Incorporated or Qualified: **06/05/1969** 3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-1262839** 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** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**DRISCOLL, ROBERT J, JR
1701 N. DIXIE HWY
POMPANO BEACH FL 33060**

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CTD	<input type="checkbox"/> DELETE
NAME	DRISCOLL, MARION	
STREET ADDRESS	1157 SW 4TH AVENUE	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DRISCOLL, JOSEPH	
STREET ADDRESS	961 S CYPRESS RD.	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DRISCOLL, ROBIN	
STREET ADDRESS	12270 N.W. 32ND COURT	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DRISCOLL, ROBERT J. JR.	
STREET ADDRESS	12270 NW 32ND COURT	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DRISCOLL, CHERYL A.	
STREET ADDRESS	961 S. CYPRESS ROAD	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	12135 NW 15th Ct.
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	12135 NW 15th Ct.
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 in 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.

SIGNATURE: *Sandra Mortham* V. Pres. Date: **1/28/97** Daytime Phone #: **954-946-4247**

CR2E034 (9/96)