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

PLANTATION FL 33313

DOCUMENT 1. Corporation Name	# 472504	(O)								
CHET'S WRECK	ER SERVICE, INC.					ŀ				
Principal Place of Business	Mailing Address			a tamiti mimit funda tinak ütiri dunit mint sinit mint ütüti ütüti ütüti ütüti ütüti ütüti ütüti						
% Steven A. Weinberg 4020 SW 1ST STREET	% STEVEN A. WEINBERG 4020 SW 1ST STREET									
PLANTATION FL 33317	PLANTATION FL 33317			DO NOT WRITE IN THIS SPACE						
						3.	Date Incorporated or Qualified 03/25/1975			
2. Principal Place of Business		2a. Mailing Address				4.	. FEI Number	Applied For		
21		26				<u>59-1602319</u>	Not Applicab			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	30	ıntry		8.	This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent year Intangible		
Name and Address of Current Registered Agent						10.	Name and Address of New Registered	Agent		
CERASINI, DO				81	Name			-		
7267 W. SUNRISE BLVD				82	Street Addres	ess (P.O. Box Number is Not Acceptable)				

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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.

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SIGNATURE	Signature, typed or printed name of registered agent and	Little it applicable. (NOTE, I	Registered Agent signature rec	ouired when reinstation)	DATE	 				
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN						
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition				
NAME	LAKE, WILLIAM		1,2 NAME							
STREET ADDRESS	7267 W. SUNRISE BLVD		1.3 STREET ADDRESS							
CITY-ST-ZIP	PLANTATION FL		1,4 CITY - ST - ZIP		,					
TITLE	VD	DELETE	2.1 TMLE		√ ☐ Change	Addition				
NAME	LAKE, CHESTER		2.2 NAME		\					
Street addréss	7267 W. SUNRISE BLVD		2.3 STREET ADDRESS		,					
CITY - ST - ZIP	PLANTATION FL		2. 4 CITY - ST - ZIP		<u> </u>					
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition				
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP_			3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4,4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS			İ				
CITY - ST - ZIP			5.4 CITY_ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY ST. 7IP			64 CITY - ST-7IP							

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUI

FILED

Jan 23 1998 8:00am

Secretary of State

Zip Code