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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # FESTA TOWING SERVICE, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

FILED May 01 1998 8:00am Secretary of State

1 LOIA	· Omito	OLITTO	L, HO.											
Principal Place of Business 220 S. DIXIE HIGHWAY HOLLYWOOD FL 33020 US				Mailing Address 220 S. DIXIE HIGHWAY HOLLYWOOD FL 33020 US						DO NOT WRITE IN THIS	-	1910 II 460 K 1911		
	_									3. Date Incorporated or Qualified 09/06/1978				
2. Principal Place		2a. Mailing Address 26					·	4. FEI Number 59-1849816		Applied For Not Applicab	le			
Suite, Apt. #,		Suite, Apt. #, etc.						5. Certificate of Status Desired	4	5 Additional Regulred				
City & State		City & State						6. Election Campaign Financing \$5.00 May Be						
Zip	y	Zip Country				,		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible						
24	4 25 9. Name and Address of Curren				29 30					Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent				
TOB	MN, ARTH		on or ourion	1091010100	- Agoin		81	Γ	Name	10, Taumo and Addiess of from Hegistered	Agoin		ᅱ	
220 S. DIXIE HWY. HOLLYWOOD FL 33020							62	t	Street Address	ss (P.O. Box Number is Not Acceptable)			ㅓ	
HUL	TIMOOD	FL 33020	l				83	┝					_	
							84	-	City		85 Z	ip Code	_	
11. Pursuant to	the provisi	ons of Sect	ions 607 0502 a	nd 607 15	08 Florid	da Statutes	the above	P-1	named corpo	FL ration submits this statement for the purpose of	.	o its registere	귀	
office or rec agent. I am	gi ste red ag f a miliar wi	ent, or both th, and acc	i, in the State of ept the obligation	Florida. Su ons of, Sec	ich chan tion 607.	ige was auti 0505, Florid	horized by la Statute:	y t s.	he corporatio	ration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment	as registered	1	
SIGNATURE	Innature, typed	or printed name	of registered agent a	nd little if applie	atile	(NOIE R	egislered Age	enl	signature required	d when reinstaling) DATE			-	
12.			FFICERS AND D		S		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	╛	
TITLE	P	ADTI II ID			☐ DE	LETE	1.1 TITLE				Chang	pe 🔲 Additio	'n	
NAME		arthur XXIE HWY					1.2 NAME							
STREET ADDRESS		YOOD FL					1.3 STREET							
CITY-ST-ZIP TITLE					□ DE	LETE	1.4 City - S 2.1 Title	51-	ZIP		Chang	ne 🔲 Additio	H	
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							5.2 NAME		DODECC					
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STREET ADDRESS			~/				6.3 STREET	ΑI	DDAESS					
CITY-ST-ZIP		/ }	/ X /				6.4 CITY - S							
14. I hereby cer	rtify that the	informaço	n sudplien with	this filing c	loes not	qualify for the	ne exemp	lic	on stated in Se	ection 119.07(3)(i), Florida Statutes. I further co	ertify that f	the information	╗	
officer or di Block 12 or	rector of V 1	e corpo / atil	in at the receive	nnual repo er or truste nept with a	e empov	vered to exe	ne and the	ai re	my signature port as requir	shall have the same legal effect as if made un red by Chapter 607, Florida Statutes; and that	my name	appears in	Į	