FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # **/5**\

FILED Jan 28 1998 8:00am Secretary of State

| | on Name S TOWING | | 75 | (5) | | | | | | | |
|-------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------|--------------------------------|------------------|--------------------------------------------------|-------------------------------------------------------------------------|-----------------|-------------|---------------------------|
| Principal Place of Business Mailing Address | | | | | | | | | AREI BIII BIBII | | |
| | | | IVIC | • | | | | | | | |
| % GEORGE E GARDNER 2090 NW 21ST STREET | | | | % GEORGE E GARDNER 2090 NW 21ST STREET POMPANO BEACH FL 33069-1302 | | | | | | | |
| POMPANO BEACH FL 33069-1302 | | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | | 3. Date Incorporated or Qualific | ∍d | | |
| | | | | | | | | 04/02/1981 | | | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | 4. FEI Number | | | Applied For |
| 21 Suite Ant | H AIC | | 26 | Suite, Apt. #, etc. | | | | 59-2266490 | | | Not Applicable Additional |
| Suite, Apt. #, etc. | | | | 27 | | | | 5. Certificate of Status Desired | | | Regulred |
| City & State | | | | City & State | | | | 6. Election Campaign Financin | | | 0 May Be |
| 23 | | | | 28 | | | | Trust Fund Contribution | ຶ 🗆 | | d to Fees |
| Zip | Country | | | Zip Country | | у | | 8. This corporation owes or has | | | |
| 24 | 25 | | | 30 | | | | Personal Property Tax due June 30. Yes 🛂 No | | | |
| 9. Name and Address of Current Registered Agent | | | | | | I Manage | ··· | 10. Name and Address of New | Registered | 1 Agent | |
| gardner, george e | | | | | 81 | Name | | | | | |
| 2090 NW 21ST STREET | | | | | | Street Addres | | (P.O. Box Number is Not Acce | otable) | | |
| POMPANO BEACH FL 33069 | | | | | 83 | <u> </u> | | | | | |
| | | | | | | <u> </u> | | | | | |
| | | | | | 84 | City | | | FI | 85 Zip | o Code |
| 11. Pursuani | to the provis | ions of Sections 607.0 | 502 and 60 | 07.1508, Florida Statu | tes, the abov | e-named | corpora | ation submits this statement for t 's board of directors. I hereby a | | | its registered |
| office or agent. I | regi s tered ag am f a miliar w | gent, or both, in the Sta ith, an d a ccept the ob | ate of Floric ligations of | la. Such change was , Section 607.0505, F | authorized b Iorida Statute | y the corp s. | poration | 's board of directors. I hereby a | cept the ap | pointment a | s registered |
| SIGNATURE | | · | - | | | | | | | | |
| | Signature, typed | or printed name of registered | | | TE Registered Ag | ent signature | e required w | | JA14 | ID DIDECTA | NDO 11 10 |
| 12. | PD | OFFICERS A | AND DIREC | DELETE | 13. | | т | ADDITIONS/CHANGES TO O | -FICERS AN | Change | |
| NAME | 1 | NER, GEORGE E | | L.J DECEN | 1.2 NAME | | | | | onlingo | |
| | STREET ADDRESS 5528 MICHLAR DR. | | | | | T ADDRESS | | | | | İ |
| CITY-ST-ZIP | LAVE MODEL EL | | | | | ST-21P | | | | | |
| TITLE | | TOTAL | | ☐ DELETE | 2.1 TITLE | 01 2" | | | | Change | Addition |
| NAME | | | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | _ | | | | 2.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 2. 4 GITY - | ST-ZIP | | | | | |
| TITLE | | | | DELETE | 3.1 TITLE | | | | | ☐ Change | Addition |
| NAME | | | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | | | | 1 ADDRESS | | | | | |
| CITY-ST-ZIP | | | | DELETE | 3.4 CITY- | ST-ZIP | ļ | | | Change | Addition |
| TITLE | | | | ☐ DELETE | 4.1 TITLE | | | | | T"1 Cusuals | Addition |
| NAME | | | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | | | | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | | ☐ DELETE | 4.4 CITY- 5.1 TITLE | 31- ZIF | | | | Change | Addition |
| NAME | | | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | | | | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 5.4 CITY- | | | | | | |
| TITLE | † - - | | | ☐ DELETE | 6.1 TITLE | | | | | Change | Addition |
| NAME | | | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | | | 6.3 STREE | T ADDRESS | | | | | |
| CITY - ST - ZIP | 1 | | | | 64 CITY- | ST - ZiP | | | | | |

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 Statules. 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 emported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.