

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005646 (1)**

1. Corporation Name
1-800-AUTOTOW, INC.



Principal Place of Business 8084 WEST MCNAB RD., SUITE 430 N LAUDERDALE FL 33068	Mailing Address 8084 WEST MCNAB RD., SUITE 430 N. LAUDERDALE FL 33068
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1301 N. Congress Ave. Suite, Apt #, etc. 22 Suite 330 City & State 23 Boynton Beach, FL Zip 24 33426		2a. Mailing Address 26 1301 N. Congress Ave. Suite, Apt #, etc. 27 Suite 330 City & State 28 Boynton Beach, FL Zip 29 33426		3. Date Incorporated or Qualified 10/27/1997	
		4. FEI Number 65-0783268		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**NAGELMANN, JOEL B
47 SPANISH RIVER DRIVE
OCEAN RIDGE FL 33435**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	11 TITLE	PD
NAME	NAGLEMAN, JOEL	12 NAME	
STREET ADDRESS	47 SPANISH RIVER DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	
NAME	KONIGSBERG, JOSHUA	22 NAME	
STREET ADDRESS	1133 EGRET CIRCLE SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33458	24 CITY-ST-ZIP	
TITLE	CFOT	31 TITLE	
NAME	PATTERSON, GARY	32 NAME	
STREET ADDRESS	11409 N.W. 49TH DR.	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	34 CITY-ST-ZIP	
TITLE	CD	41 TITLE	
NAME	GELORMINE, VINCE	42 NAME	
STREET ADDRESS	1203 SILVERADO	43 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	
NAME	IAROCCHI, GENE	52 NAME	
STREET ADDRESS	9988 WINDMILL LAKES BLVD	53 STREET ADDRESS	684 Cypress Green Circle
CITY-ST-ZIP	HOUSTON TX 77075	54 CITY-ST-ZIP	Wellington, FL 33414
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:  **Vince Gelormine**

4-14-98 561-733-2300

CR2E034 (10/97)