

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90097 047 ***150.00

DOCUMENT # F97000005646

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

Principal Place of Business
1301 N CONGRESS AVE
STE 330
BOYNTON BCH FL 33426
US

Mailing Address
1301 N CONGRESS AVE
STE 330
BOYNTON BCH FL 33426
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

65-0783268

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD
NAME NAGLEMAN, JOEL
STREET ADDRESS 47 SPANISH RIVER DRIVE
CITY-ST-ZIP OCEAN RIDGE FL 33435

1.1 TITLE D
1.2 NAME GERALD P. CARMEN
1.3 STREET ADDRESS 1800 PENNSYLVANIA AVE, SUITE 800 WEST
1.4 CITY-ST-ZIP WASHINGTON, DC 20004

TITLE VSD
NAME KONIGSBERG, JOSHUA
STREET ADDRESS 1133 EGRET CIRCLE SOUTH
CITY-ST-ZIP JUPITER FL 33458

2.1 TITLE VT
2.2 NAME STEVEN B. TEETERS
2.3 STREET ADDRESS 1301 N. CONGRESS AVE., SUITE 330
2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE CD
NAME GELORMINE, VINCE
STREET ADDRESS 1203 SILVERADO
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME IAROCCHI, GENE
STREET ADDRESS 684 CYPRESS GREEN CIR
CITY-ST-ZIP WELLINGTON FL 33414

4.1 TITLE DV
4.2 NAME IAROCCHI, GENE
4.3 STREET ADDRESS 684 CYPRESS GREEN CIRCLE
4.4 CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

STEVEN B. TEETERS, TREAS. 4/27/99 (561) 733-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0333858