

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99140 (8)

1. Corporation Name
DAN'S TOWING INC.



Principal Place of Business
**3005 SW 2ND AVE
PO BOX 350512
FT LAUDERDALE FL 33335**

Mailing Address
**3005 SW 2ND AVE
PO BOX 350512
FT LAUDERDALE FL 33335**

3. Date Incorporated or Qualified **09/13/1982** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business
21 **1420 N.W. 33 Dr.**
Suite, Apt. #, etc.
22
City & State
23 **Pompano Beach, FL**
Zip
24 **33060** Country
25 **Broward**
2a. Mailing Address
26 **4460 S.W. 24th Ave.**
Suite, Apt. #, etc.
27
City & State
28 **FL Lauderdale, FL**
Zip
29 **33312** Country
30 **Broward**

4. FEI Number **59-2227918** 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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**MORRIS, DORIS
4460 S.W. 24TH AVE.
FT. LAUDERDALE FL 33312**

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 _____ (NOTE: Registered Agent Signature required when replacing agent) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	PO MORRIS, DANIEL N.		1.2 NAME		
CITY-ST-ZIP	4460 S.W. 24TH AVE.		1.3 STREET ADDRESS		
	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STD MORRIS, DORIS L.		2.2 NAME		
CITY-ST-ZIP	4460 S.W. 24TH AVE.		2.3 STREET ADDRESS		
	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	VD MORRIS, HUBERT, L.		3.2 NAME		
CITY-ST-ZIP	RT. 2, BOX 1259 W RIVER		3.3 STREET ADDRESS		
	PALATKA FL		3.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Doris L. Morris Doris L. Morris 4/10/96 (954) 983-0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone

CR2E034 (12/95)