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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99140

(8)

DAN'S TOWING INC.

Mar	19	1997	8:00am
Se	cret	tary o	f State

FILED



Principal Plac 1420 NW 33 E POMPANO BE US	PRIVE	Mailing Address 4460 SW 24TH AVENUE FORT LAUDERDALE FL 33312-5712 US			3. Date Incorporated or Qualified 3a. Date of Last Report			
					3. Date incorporated or Qualified 3a. Date of Last Report 04/16/1996			
2. Principal Place of Business 2a. Mailing Address 21					4. FEI Number 59-2227918		Applied For	
Suite, Apt.	#, etc.	26			59-2221916		Not Applicable 75 Additional	
22		27			5. Certificate of Status Desired		ee Required	
City & Stat	0	City & State			6. Election Campaign Financing		.00 May Be	
Zip	Country	28	Countr		Trust Fund Contribution		ded to Fees	
24	25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Horida Statutes Yes			
	9. Name and Address of Curre	ent Registered Agent		·	10. Name and Address of New Re	egistered Agent		
	rris, doris		81	Name				
	O S.W. 24TH AVE.		82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
FI.	LAUDERDALE FL 33312		83					
			03					
			84	City		FL 85	Zip Code	
SIGNATURE	m familiar with, and accept the obli- Signature, typical or printed name of registrics to OFFICERS A				uirco when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	PTODE IN 12	
TITLE	PO	DELETE	1.1 TOLE	·	ADDITIONS/CHANGES TO OFFIC	Chi		
NAME	MORRIS, DANIEL N.		1.2 NAME				mgs	
STREET ADDRESS	4460 S.W. 24TH AVE.			ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - S	ST-ZIP				
TITLE	STD MODDIO DODIO I	☐ DELETE	2 1 TOTLE			☐ Cha	ange Addition	
NAME CTREET ADDOCCO	MORRIS, DORIS L. 4460 S.W. 24TH AVE.		2.2 NAMI					
STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL		2.3 STREET					
TITLE	VD	DELETE	2 4 CITY - 31 HILE	51.211		☐ Cha	ange Addition	
NAME	MORRIS, HUBERT, L		3.2 NAME					
STREET ADDRESS	RT. 2, BOX 1259 W RIVER		3.3 \$1REF1	ADDRESS				
CITY-ST-ZIP	PALATKA FL		3.4. CITY -	S1 - ZIP				
TITLE		L_ DELETE	4.1 TITLE			L Cha	ange Addition	
NAME STREET ADDRESS			4, 2 NAME	4000000				
CITY-ST-ZIP			4.3 STREET 4.4 CITY - 5					
TITLE		DELETE	5.1 TITLE	11-511,		Cha	ange Addition	
NAME			5.2 NAME				<u> </u>	
STREET ADDRESS			5 3 STHEET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	1 - 719				
TITLE		L_I DELETE	61 HH.E			Cha	ange 🔲 Addition	
NAME CTOCET ADDOCCO			6.2 NAME					
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP 14. I do hereb	y certify that the information supplies	ed with this filing does not a	6.4 CHY-S Dalify for the exc	motion state	d in Section 119.07(3)(i), Florida Statute	s I further cortifu	that the	
Information	n i ndicated o n this annual report or	supplemental annual report if the receiver or trustee emr	is true and acci powered to exec	irale and tha	it my signature shall have the same legant as required by Chapter 607, Florida S	al offect as if mad	a under authorities	