## 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

## DOCUMENT # F99140 1. Corporation Name

DAN'S TOWING INC.

FILED
Mar 29, 1999 8:00 am
Secretary of State
00 00 1000 00001 000 ***1 50 00

03-29-1999 90001 003 \*\*\*150.00



							(1 <b>61</b> 1) <b>5</b> 16) <b>1</b> 1	AN ILAN BIAN F	( <b>1</b> 1) 131 141
Principal Place	of Business	Mailing Address					.,	,,, -,-,, -,-,,	72.1.0107.1221
1420 NW 33 DRIVE 4460 SW 24TH AVENUE									
POMPANO BEACH FL 33060 FORT LAUDERDALE FL 33312			112		DO NOT WRITE IN THIS SPACE				
US US							EIN IRIS	SPACE	<del></del>
						3. Date Incorporated or Qualifed 09/13/1982		,	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26			59-2227918		No	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	\dditional	
22		27			5. Certificate of Status Desired		Fee Re	quired	
City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28	]			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country			8. This corporation owes the curre			_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10. Name and Address of New R	egistered A	igent	
1100	DIO DODIO			81	Name				
	RIS, DORIS			82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
	S.W. 24TH AVE.								
Fr. L	AUDERDALE FL 33312			83		•			
				84	City			85 Zip (	Code
		D COZ 4509 Florido Statut	- tho a	h 0) (a	nomed cores	oration submits this statement for the	Durnose of	i	registered
l office or re	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was a	uthorized	a by :	the corporation	n's board of directors. I hereby accep	t the appoin	itment as re	gistered
SIGNATURE		•							
	Signature, typed or printed name of registered ager	<del></del>	<u> </u>	Agen	t signature required		DATE	D DIDEOTO	DC IN 10
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
TITLE	PD	☐ DÉLETE	1,1 Π					[] Criange	
NAME )	MORRIS, DANIEL N.		1.2 N						1
STREET ADDRESS	4460 S.W., 24TH AVE.		1.3 S	TREET	ADDRESS				
CITY+ST-ZIP	FT. LAUDERDALE FL			(TY-\$1	r-zip		<del></del>	Change	Addition
TITLE	STD	☐ DELETE	2.1 TI			•		L] Change	L Addition
NAME	MORRIS, DORIS L.		2.2 NAME						
STREET ADDRESS	4460 S.W. 24TH AVE.								
CITY-ST-ZIP	FT. LAUDERDALE FL		2.3.5	TREET	FADDRESS .				
TITLE			2.40	XTY-S	1 '			[701	- · · · · · · · · · · · · · · · · · · ·
	VD	DELETE	2. 4 C	ITY-S	1 '			Change	Addition
NAME	VD Morris, Hubert, L	. □ DELETE	2.40	ITY-S	1 '		<u>.</u>	Change	Addition
NAME STREET ADDRESS	VD Morris, Hubert, L Rt. 2, Box 1259 w River	☐ DELETE	2.40 3.1 TI 3.2 N	TTY-S TILE AME	1 '	<u> </u>	<u>.</u> :	Change	Addition
1	VD Morris, Hubert, L		2.40 3.1 TI 3.2 N 3.3 S 3.4.0	CITY-S ITLE AME TREET CITY-S	T-ZIP		· ·		
STREET ADDRESS	VD Morris, Hubert, L Rt. 2, Box 1259 w River	☐ DELETE	2.4 C 3.1 TI 3.2 N 3.3 S 3.4. C 4.1 TI	CITY-SITLE  AME  TREET  CITY-SITLE	T-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	VD Morris, Hubert, L Rt. 2, Box 1259 w River		2.40 3.1 TI 3.2 N 3.3 S 3.4.0	CITY-SITLE  AME  TREET  CITY-SITLE	T-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE	VD Morris, Hubert, L Rt. 2, Box 1259 w River		2.4 C 3.1 TI 3.2 N 3.3 S 3.4. C 4.1 TI 4.2 N	CITY-S ITLE TREET CITY-S ITLE TAME	T-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD Morris, Hubert, L Rt. 2, Box 1259 w River	☐ DELETE	2.40 3.1 TI 3.2 N 3.3 S 3.4.0 4.1 TI 4.2 N 4.3 S 4.4 C	CITY-SITLE TREET CITY-SITLE TREET TREET	T ADDRESS T ADDRESS	-		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD Morris, Hubert, L Rt. 2, Box 1259 w River		2.4C 3.1TI 3.2 N 3.3 S 3.4. C 4.1TI 4.2 N 4.3 S 4.4 C 5.1 TI	CITY-S' ITLE TREET CITY-S' ITLE TREET TREET TITLE	T ADDRESS T ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Morris, Hubert, L Rt. 2, Box 1259 w River	☐ DELETE	2.40 3.1 TI 3.2 N 3.3 \$ 34.0 4.1 TI 4.2 N 4.3 \$ 4.4 C 5.1 TI 5.2 N	CITY-SITLE TREET CITY-SITLE TREET TREET TREET TREET TREET	T ADDRESS T-ZIP  T ADDRESS T-ZIP  T ADDRESS T-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD Morris, Hubert, L Rt. 2, Box 1259 w River	☐ DELETE	2.4C 3.1 TI 3.2 N 3.3 S 3.4. C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	CITY-S TILE TREET TITLE TREET TREET TILE TREET TILE TREET TILE TREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD Morris, Hubert, L Rt. 2, Box 1259 w River	☐ DELETE	2.4C 3.1 TI 3.2 N 3.3 S 34.C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C	CITY-S ITLE AME TREET TREET TREET TLE AME TREET TLE AME TREET TLE TREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD MORRIS, HUBERT, L RT. 2, BOX 1259 W RIVER PALATKA FL	☐ DELETE	2.4C 3.1 TI 3.2 N 3.3 S 3.4.C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI	CITY-S ITLE  AME TREET CITY-S ITLE TREET TILE AME TREET TILE TREET TILE TREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD Morris, Hubert, L Rt. 2, Box 1259 w River	☐ DELETE	2.4C 3.1 TI 3.2 N 3.3 S 34.C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C	CITY-S ITLE  AME TREET CITY-S ITLE TREET TILE AME TREET TILE TREET TILE TREET	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	VD MORRIS, HUBERT, L RT. 2, BOX 1259 W RIVER PALATKA FL	☐ DELETE	2.4C 3.1TI 3.2 N 3.3 S 3.4.C 4.1TI 4.2 N 4.3 S 4.4 C 5.1TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	CITY-S' ITLE  AME TREET TILE  AME TREET TILE  AME TREET TILE  AME TREET TITY-ST  TILE  AME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS			Change	Addition

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: