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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J26712 1. Corporation Name

TOTAL TOWING CORP.

Principal Place of Business	Mailing Address
5571 N.W. 84TH AVENUE	5571 N.W. 84TH AVENUE MIAMI FL 33166

FILED Feb 18, 1999 8:00am **Secretary of State**

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Principal Place	e or pusitiess	maining radiose			· .		•	
5571 N.W. 84TH AVENUE 5571 N.W. 84TH AVENUE MIAMI FL 33166 MIAMI FL 33166		JE		•				
MINIMI IL 3310	~	Minney of Advag			DO NOT WRITE IN THI	S SPACE		
					3. Date Incorporated or Qualifed 07/30/1986			
0 D/ ID	N of Discipana	2a. Mailing Address			4. FEI Number	An	plied For	
— '	Place of Business	 1			59-2726026		t Applicable	
21		26		·	39-2120020		· · · · · · · · · · · · · · · · · · ·	
Suite, Apt.	#, etc.	⊢ ''	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	te	City & State			.6. Election Campaign Financing	\$5.00	May Be	
23		28	28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax.			
24	9. Name and Address of Cu		100		10. Name and Address of New Registered	i Agent		
	5. Name and Address of Ca	micht regional rigant	8	1 Name				
HEA	AGNEY .I		L.					
HEAGNEY, J. 5571 N.W. 84TH AVE			8	Street Ad	Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33166	•	8	3		肾衰退		
			8	4 City	F	85 Zip	Code	
L					and the submitted this electroment for the surmone of	f changing its	registered	
office or i agent. I a	registered agent, or both, in the S am familiar with, and accept the ol	itate of Florida. Such change wa bligations of, Section 607.0505,	as authorized b Florida Statute	by the corpora es.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app	Milliett as re	ĝistoi eu	
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable (N	OTE: Registered Ac	sent signature requi	ired when reinstating) DATE			
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	P	DELETE				Change	Addition	
	HEAGNEY, J.		1.2 NAMI		- 1			
NAME				EET ADDRESS	•			
STREET ADORESS	*** · · · · · · · · · · · · · · · · ·			1				
CITY-ST-ZIP	MIAMI FL	[] pri cre	1.4 CITY		1.00	Change	Addition	
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NAME			2.2 NAM	E				
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	*	•	4	Y-ST-ZIP	The state of the s		1 1 1	
CITY-ST-ZIP	 						Addition	
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NAME		☐ DELETE				: [_] Change		
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	s	☐ DELETE	4. 2 NAM 4.3 STRE	ME EET ADDRESS		, [_] Change		
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	5		4. 2 NAW 4.3 STRE 4.4 CITY	AE EET ADDRESS '-ST-ZIP E		· _ ·	☐ Addition	
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TITLE NAME STREET ADDRESS			4. 2 NAW 4.3 STRE 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI	AE EET ADDRESS 7-ST-ZIP E		· _ ·	☐ Addition	
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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.