

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 # **J42751**

(4)

1. Corporation Name

BROTHERS TOWING SERVICE INC.

Principal Place of Business

**747 NW 6TH AVENUE
FT. LAUDERDALE FL 33311**

Mailing Address

**747 NW 6TH AVENUE
FT. LAUDERDALE FL 33311**



2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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Zip

Zip

Country

Country

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9. Name and Address of Current Registered Agent

**SANCHEZ, JOSE M
9356 TALWAY CIRCLE
BOYNTON BEACH FL 33437**

3. Date Incorporated or Qualified

11/18/1986

3a. Date of Last Report

03/10/1995

4. FEI Number

59-2729034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

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

(If you are the person who is the principal shareholder of the corporation)

(If the Registered Agent sign is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

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14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose M Sanchez 2-22-96 167-4509

CR2E034 (12/95)