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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # J42751 **BROTHERS TOWING SERVICE INC.** (4)

FILED Jan 28 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 747 NW 8TH AVENUE 747 NW 6TH AVENUE						f anniel bely alden tider hands erfer tide dider drave drave diate diate diate				
FT. LAUDERDA	ALE FL 33311	FT. LAUDERDALE FL 33311-	JDERDALE FL 33311-7331							
						3. Date Incorporated or Qualified 11/18/1986	3a. Date 02/28	of Last I /1996	Report	
2. Principal F	Place of Business	2a. Mailing Address		-	•	4. FEI Number	<u> </u>	Ā	pplied For	
Suite, Apt. #, etc. City & State		26 Suite, Apt. #, etc. 27 City & State		59-2729034			ot Applicable			
				5. Certificate of Status Desired \$8.75 Addit Fee Requir 6. Election Campaign Financing \$5.00 May						
							May Be			
23	28			Trust Fund Contribution					to Fees	
Z _I p	Country	Zip	_	intry		8. This corporation has liability for in			s. 199.032,	
24	25 25 9. Name and Address of Curren		30			Florida Statutes 10. Name and Address of New Reg	Yes L			
SAN	NCHEZ, JOSE M	t registered Agent		81	Name	10, trains and readings at their ties				
	66 TALWAY CIRCLE			-	Otto and Ameliala	(D.O. County and a line Manager to be	-1			
	YNTON BEACH FL 33437			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)			
501111011 55301114 50101				В3						
				84	City		FL	85 Zip	Code	
44 Durguant	to the province of Sections 607 050	2 and 607 1508. Florida Statute	e the el	b0/0	named corn	poration submits this statement for the pr		hanaina	ite registered	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	uthorize	d by	the corporat	ion's board of directors. I hereby accep	the appoi	ntment a	s registered	
_	am familiar with, and accept the obliga	ations of, Section bur Jobbs, Flor	ida Siai	lutes						
SIGNATURE	Slighaturi - typed hir printed harvin of registered ager	of and title if applicable (NOTE:	Reg stere	d Ager	nt signature requir	ed when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	PD CANOUEZ LOCE MAUDICIO	OELETE	1.1 71	TLE			L	_ Change	Addition	
NAME	SANCHEZ, JOSE MAURICIO 9356 TALWAY CIRCLE		1.2 N	AME						
STREET ADDRESS	BOYNTON BEACH FL				ADDRESS					
CITY-ST-ZIF	VD VD	Doriette		IY-SI	r-ZIP			Change		
TITLE	SANCHEZ, ERNESTO	☐ DELETE	2.1 Tt				L	criange	L.J Adulton	
NAME	4399 N.W. 43RD COURT		2.2 N		I D D D D D D D D D D D D D D D D D D D					
STREET ADDRESS	LAUDERDALE LAKES FL				ADDRESS					
CITY-ST-ZIP TITLE	BOOKIDALE GILEGIE	DELETE	2. 4 C	TIY-S	T-ZIP		-	Change	Addition	
NAME		_ week	3.2 N				_		ridolison	
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP				HTY-S						
TITLE		DELETE	4.1 Ti		***			Change	Addition	
NAME		—	4. 2 N					~		
STREET ADDRESS					ADDRESS					
CiTY-ST-ZiP			1	ITY-ST	i					
TITLE		DELETE	5.1 T				Ľ	Change	Addition	
NAME			5.2 N	AME						
STREET ADDRESS			5.3 S	TREFT	ADDRESS					
CITY-ST-ZIP			5.4 C	ITY-SI	r - ZiP					
TITLE		☐ DELETE	6.1 T	TLE			Ī	Change	Addition	
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET	ADDRESS					

14. If do hereby certify that the information supplied with this filling 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.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF

Daytime Phone #