

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

AMENDED

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 AUG -9 PM 12:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name ALL AMERICAN WRECKER & STORAGE INC. L03993

Principal Place of Business 3408 N. Florida Ave. Tampa, FL 33603-5853 Mailing Address 9902 Gallagher Rd. Dover, FL 33527-3612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 7/21/89 4. FEI Number 59-2962556 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 22 23 24 2a. Mailing Address 25 26 27 28 29 9902 N Gallagher Rd. Suite, Apt. #, etc. City & State Dover, FL Zip 33527-3612 Country

9. Name and Address of Current Registered Agent WAYDE LOVELACE 3400 N. Florida Ave. Tampa, FL 33603

10. Name and Address of New Registered Agent 81 Name JOYCE HAMILTON 82 Street Address (P.O. Box Number is Not Acceptable) 9902 N. Gallagher Rd. 83 84 City Dover FL 85 Zip Code 33527-3612

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 Joyce Hamilton DATE 8/2/99

12. OFFICERS AND DIRECTORS 1.1 TITLE President & Director [X] DELETE 1.2 NAME Wayde Lovelace 1.3 STREET ADDRESS 3400 N. Florida Ave. 1.4 CITY-ST-ZIP Tampa, FL 33603 2.1 TITLE Vice President [X] DELETE 2.2 NAME Wayde Lovelace 2.3 STREET ADDRESS 3400 N. Florida Ave. 2.4 CITY-ST-ZIP Tampa, FL 33603 3.1 TITLE [ ] DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [ ] DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [ ] DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [ ] DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President/Director [X] Change [ ] Addition 1.2 NAME Joyce Hamilton 1.3 STREET ADDRESS 9902 N. Gallagher Rd. 1.4 CITY-ST-ZIP Dover, FL 33527-3612 2.1 TITLE Secretary/Treasurer/Director [X] Change [X] Addition 2.2 NAME Mary C. Cable 2.3 STREET ADDRESS 7502 N. Tampania Ave. 3.1 TITLE Tampa, FL 33614 [ ] Change [ ] Addition 3.2 NAME 3.3 STREET ADDRESS 200002962262--6 -08/17/99--01056--010 \*\*\*\*\*183.75 \*\*\*\*\*81.25 [ ] Change [ ] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [ ] Change [ ] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [ ] Change [ ] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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: Joyce Hamilton, President DATE 8/2/99 Daytime Phone # 276-2029

CR2E034 (11/98)