

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # L03993

1. Corporation Name

ALL AMERICAN WRECKER & STORAGE INC.

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

| | | | | | |
|---|--|-------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 9902 N Gallagher Rd. | | 7/21/89 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Dover, FL | | 59-2962556 | |
| 24 Country | | 29 33527-3612 | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired | |
| | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing | |
| | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year Intangible | |
| | | | | Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| WAYDE LOVELACE | | | | 81 Name | |
| 3400 N. Florida Ave. | | | | JOYCE HAMILTON | |
| Tampa, FL 33603 | | | | 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

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/2/99

DATE

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| 11 TITLE President & Director <input checked="" type="checkbox"/> DELETE | | | | 11 TITLE President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME Wayde Lovelace | | | | 12 NAME Joyce Hamilton | | | |
| STREET ADDRESS 3400 N. Florida Ave. | | | | 13 STREET ADDRESS 9902 N. Gallagher Rd. | | | |
| CITY-ST-ZIP Tampa, FL 33603 | | | | 14 CITY-ST-ZIP Dover, FL 33527-3612 | | | |
| 15 TITLE Vice President <input checked="" type="checkbox"/> DELETE | | | | 21 TITLE Secretary/Treasurer/ <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME Wayde Lovelace | | | | 22 NAME Director | | | |
| STREET ADDRESS 3400 N. Florida Ave. | | | | 23 STREET ADDRESS Mary C. Cable | | | |
| CITY-ST-ZIP Tampa, FL 33603 | | | | 24 CITY-ST-ZIP 7502 N. Tampania Ave. | | | |
| 16 TITLE <input type="checkbox"/> DELETE | | | | 31 TITLE Tampa, FL 33614 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 32 NAME 200002962262--6 | | | |
| STREET ADDRESS | | | | 33 STREET ADDRESS -08/17/99--01056--010 | | | |
| CITY-ST-ZIP | | | | 34 CITY-ST-ZIP *****183.75 *****81.25 | | | |
| 17 TITLE <input type="checkbox"/> DELETE | | | | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 42 NAME | | | |
| STREET ADDRESS | | | | 43 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 44 CITY-ST-ZIP | | | |
| 18 TITLE <input type="checkbox"/> DELETE | | | | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 52 NAME | | | |
| STREET ADDRESS | | | | 53 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 54 CITY-ST-ZIP | | | |
| 19 TITLE <input type="checkbox"/> DELETE | | | | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 62 NAME | | | |
| STREET ADDRESS | | | | 63 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 64 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/99

DATE

Daytime Phone #

276-2029

CR2E034 (11/98)