## 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 # L60126

(4)

STEVE'S WRECKER SERVICE OF JUPITER, INC.

## FILED Apr 22 1997 8:00am Secretary of State

Principal Place of Business		Mailing Addres	Mailing Address							
208 JUNO STREET C/O DONALD W. PATTON JUPITER FL 33458 US		C/O DONALD V	208 JUNO STREET C/O DONALD W. PATTON JUPITER FL 33458-4959 US							
						3. Date Incorporated or Qualified 03/20/1990 3a. Date of Last Report 01/23/1996				Report
	Place of Business	2a. Mailing Add	dress			4. FEI Number 65-0182490				oplied For
Suite, Apt.	# ole	Suite, Apt.	# 610			00.0 105490			<del></del>	ot Applicable Additional
22	π <sub>1</sub> GΩ.	27	π, e16.			5. Certificate of Statu	s Desired			Additional equired
City & State	C	City & State	9			6. Election Campaign	Financing		\$5.00	May Be
23		28				Trust Fund Contrib				to Fees
Zip	Country	Zip	<del>├</del> -	ountry	!	8. This corporation ha		intangible t <b>₹</b> Yes []		s. 199.032,
24	25 9. Name and Address of Curr	29 29 ant Registered Agent	30			Florida Statutes  10. Name and Addres				
PAT	TON, DONALD W			81	Name					
	SOUTHVIEW DRIVE			82	Street Add	dress (P.O. Box Number is	Not Acceptab	la)		
JUP	PITER FL 33458				Olloot Add	iless (1.O. Dox Homber is	THAT MOOGREE			
				83						
				84	City		<u> </u>		<b>85</b> Zip	Code
	to the provisions of Sections 607.0							<u>FL</u>		
agent Fa	registered agent or both, in the Sta am familiar with, and accept the obli- signature, typed or pinted name of registered in					olked when reinstating)		DATE		
12.		AND DIRECTORS	15			ADDITIONS/CHANG	ES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
III.E	P		DELETE 1.1	TITLE	Ţ				Change	Addition
NAME	PATTON, DONALD W		1.2	NAME						
STREET ADORESS	800 SOUTHVIEW DRIVE JUPITER FL				ADDRESS					
Dily-ST-ZIP	JUPILEN PL	ГП		I CITY-S I TITLE	ST-ZIP	<del></del>		······································	Change	☐ Additio
NAME		J	f "	NAME	1					
STREET ADDRESS					T ADDRESS					
CHY-\$1-ZIP			2	4 CITY -	ST-ZIP					
THE			DELETE 3.1	TITLE					Change	Addition
NAME				2 NAME		•				
STREET ADDRESS				-	ADDRESS					
Crty+St+ZiP TiTLE				1. CITY - 1 TITLE	SI - ZIP				Change	Additio
NAME				2 NAME				'		
STREET ADDRESS			l l		ADDRESS					
CITY-ST-ZIP				4 CITY - S	ST - <b>2</b> 1P					
HILE			1	TITLE					Change	Addition
NAME				2 NAME						
STREET ADDRESS	1		i		ADDRESS					
CITY - ST - ZIP TITLE				CITY-S	51-ZIP	<i>C</i> 1	*******		Change	Additio
NAME				2 NAME				,	- Parigo	tour Fred Ho
STREET ADDRESS					T ADDRESS	,				
CITY - ST- ZIP				4 CITY -	i i					
14 Lda bara	h. and the that the information runn	lied with this filing dos				d in Coation 110 07(3)(i)	Itarida Ptatuta	a I formale and	partification	Libo

4. I 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** 

SQUATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

4-16-97 561-746-9118
Date Dayline Prone \*