

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L89409 (1)
1. Corporation Name
BOB'S TOWING, INC.

Principal Place of Business
4491 STIRLING RD
SUITE 203
FT LAUDERDALE FL 33314
US

Mailing Address
P O BOX 6130
HOLLYWOOD FL 33021
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5750 SSR 7 Suite, Apt. #, etc. 22 City & State 23 Ft Laud FL 24 Zip 33014 25 Country Broward		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/27/1990	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0209660	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business		2a. Mailing Address		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MUCHA, MICHAEL A. 4491 STIRLING RD SUITE 203 FT LAUDERDALE FL 33314		10. Name and Address of New Registered Agent 81 Name Mike Mucha 82 Street Address (P.O. Box Number is Not Acceptable) 5750 SSR 7 83 84 City Ft Laud FL 85 Zip Code 33314	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	
NAME	MUCHA, MICHAEL A	1.2 NAME	
STREET ADDRESS	3950 SW 47 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	KANNINGM DARREN	2.2 NAME	
STREET ADDRESS	4491 STIRLING RD STE 203	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. ALUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

4-20-98

CR2E034 (10/97)