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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M92376

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FILED Apr 13 1998 8:00am Secretary of State

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4/3/98

| FLORID | A TOWING COMPANY | | | | | r annikker den enetn rednik blett annien bl | ni Bibli Achti | ninis didis didis Aldis SDS | 6 1 |
|--|--|--|----------------------|----------------------------------|---------------------------------------|--|-----------------------------|---|--------------|
| | | | | | | | | | i |
| Principal Place | of Business | Mailing Address | | | | r ifficati die inten innen tillitanie e | 11 I II II II II II II II I |) |)ı |
| % C T CORPORATION SYSTEM | | % C T CORPORATION SYSTEM | | | | | | | |
| 1200 S. PINE ISLAND ROAD | | 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | DO NOT WRITI | F IN THIS S | SPACE | | |
| PLANTATION FL 33324 US | | US | | | Date Incorporated or Qualified | | | | |
| 00 | | •• | | | | 08/03/1988 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Applied Fo | or |
| 21 | | 26 | | | | 65-0084612 | | Not Applic | cable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Addition | ıa! |
| 22 | | 27 | | | | C. Commedical States and States | | Fee Required | |
| City & State | | City & State | ├ ¬ ' | | | 6. Election Campaign Financing | | \$5.00 May Be | |
| 23 | | Zip Country | | | | Trust Fund Contribution | <u> </u> | Added to Fees | |
| Žip | Country | Zip | ···-¬ ' | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No | | | 1 |
| 24 25 9. Name and Address of Current | | 29 30 Begistered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT | CORPORATION SYSTEM | | Name | | | | | | |
| | O S. PINE ISLAND ROAD | | | | | Address (P.O. Box Number is Not Acceptable) | | | |
| | NTATION FL 33324 | | 82 Street Ac | | | ss (P.O. Box Number is Not Accepta | ыеј | | |
| ru | 41/A11014 E 55524 | | | 83 | | | | | - |
| | | | | | 011 | | | let Zin Code | |
| | | | | 84 | City | | FL | 85 Zip Code | |
| 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 | | | | | | | | | |
| Ordina (Cont. | Signature, typed or printed name of registered a(in | | | d Ager | nt signature required | | DATE | | |
| 12. | OFFICERS AND | DELETE DELETE | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND | | 2 ddition |
| TITLE | DVPT | יין טנננונ | 1.1 (1 | | | | | Cloude Cave | Junion |
| NAME | JEFFREY J. MCAULAY 2 GREENWICH PLAZA | | | 1.2 NAME | | | | | |
| STREET ADDRESS | GREENWICH CT | | | | ADDRESS | | | | |
| CITY-ST-ZIP TITLE | A CONTRACTOR OF THE CONTRACTOR | | | 1.4 CITY - ST - ZIP 2.1 TITLE | | | | ☐ Change ☐ Ad | ddition |
| NAME | MACLEOD, MALCOLM W. | <u></u> | 2.2 NAME | | | | | | |
| STREET ADDRESS | 2 GREENWICH PLAZA | | 2.3 STREET ADDRES | | ADDRESS | | | | |
| CITY-ST-ZIP | GREENWICH CT | | | ITY-S | | | | | |
| TITLE | SGC | DELETE | 3 1 1/11/ | | · · · · · · · · · · · · · · · · · · · | | | ☐ Change ☐ Ad | ddition |
| NAME | MARCHISOTTO, ALAN | | 3.2 N | 3.2 NAME | | | | | |
| STREET ADDRESS | 2 GREENWICH PLAZA | | 3.3 STREET ADDRESS | | ADDRESS | | | | |
| CITY-ST-ZIP | GREENWICH CT | | 3.4. CITY - ST - ZIP | | ST-ZIP | | | | |
| THLE | —————————————————————————————————————— | | 4.1 1 | TLE | | | | ☐ Change ☐ Ad | ddition |
| NAME | MORAN, EDMOND J JR | | 4.26 | IAME | | | | | |
| STREET ADDRESS | 1615 THAMES STR, BLDG B | | 4.3 \$ | IREET. | ADDRESS | | | | |
| CITY-ST-ZIP | BALTIMORE MD | | - | 1Y-S1 | 1 - ZIP | | | T & "17." | a a 22 - |
| TITLE | | ☐ DELETE | 5.1 11 | | | | | ☐ Change ☐ Ad | ddition |
| NAME | | | 5.2 N | | | | | | |
| STREET ADDRESS | | | - 1 | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | TY-SI | T- ZIP | | | Change Ad | ddition |
| TITLE | | ☐ DELETE | 6.1 11 | | | | | E Onningo E AC | Junon |
| NAME | ^ | | 6.2 N | | YDDD1CC | | | | |
| STREET ADDRESS | // | 1 | | | ADDRESS | | | | 1 |
| 14. I hereby o | certify that the information supplied w | P this filing does not qualify for | or the ove | ITY-SI empt | tion etallid in S | ection 119.07(3)(i), Florida Statutes. | I further ce | ertify that the informa | ation |
| indicated officer or Block 12 | certify that the information supplied wo on this annual report or supplied ente director of the corporation of the reco or Block 13 if changed, or of an attai | I annual aport is true and acciver or Visase empowered to chronical will an address. | iraje an exocule | d tha this r | at my/s/gnature repor/as requi | e shall have the same legal effect as red by Chapter 607, Florida Statutes n Marchisotto | if made un ; and that r | der oath; that I am a ny name appears in 203 625-78 | an n |
| | · / | <i>u i</i> i l | , , | _ | | | | 2VJ UZJ-/0' | 70 |

Secretary