MAR-16-2006 17:51 TYMAN CARUSO GROSS & ASSO

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90160 011 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000093469

1. Entity Name
BROWARD TOWING & RECOVERY, INC.

Principal Place of Business	Mailing Address
560 NE 42ND STREET SUITE A OAKLAND PARK, FL 33334	560 NE 42ND STREET SUITE A OAKLAND PARK, FL 33334

03152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1326 SE 17 ST		1326 SE 17 ST	
Suite, Apt. #, etc. 289		Suite, Apt. #, etc. 289	
City & State FORT LAUDERDALE		City & State FORT LAUDERDALE	
Zip 33316	Country BROWARD	Zip 33316	Country BROWARD

4. FEI Number 20-0179441 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HICKMAN, KEITH
560 NE 42ND STREET
SUITE A
OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3/16/6
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HICKMAN, KEITH 560 NE 42ND STREET - SUITE A OAKLAND PARK, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/16/6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.02