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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P94000003205 | (9) |
|--------------------|--------------|-----|
| Corporation Manage | | - |

Corporation Name

SUNRISE TOWING, INC.

| SUMMOL TOMBAG, INO | |
|-----------------------------|------------------|
| | M. T. A. Address |
| Principal Place of Business | Mailing Address |



| 7527 W OAKLAND PARK BLVD. LAUDERHILL FL 33319 | | 7527 W OAKLAND PARK LAUDERHILL FL 33319 | 7527 W OAKLAND PARK BLVD. LAUDERHILL FL 33319 | | | | |
|--|---|--|--|--------------------|--|--------------------------|-------------------------------|
| | | | | | 3. Date Incorporated or Qualified 01/12/1994 | 3a. Date of La 05/01/ | |
| Dringland Pi | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| z, minoparii | ace of pasition | 26 | | | 65-0456881 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | .75 Additional ee Required |
| City & Stat | Δ | City & State | | | 6. Election Campaign Financing | \$: | 5.00 May Be |
| Oily a Stat | e. | 28 | | | Trust Fund Contribution | | idded to Fees |
| Ζιρ | Country | Zıp | Count | ry | 8. This corporation has liability for | | ler s 199.032, |
| 24 | 25 | 29 | 30 | | | No | |
| | 9. Name and Address of Cur | rent Registered Agent | | <u> </u> | 10. Name and Address of New F | registered Agen | l |
| | | | 8 | 1 | | | |
| | , LAWRENCE J | | 8 | 2 Street Ac | ldress (P.O. Box Number is Not Acceptat | ole) | |
| 110 TO | WER - SUITE 1630 | | | | | | |
| 110 S.F | E. 6TH STREET | | į e | 3 | | | |
| FT. LAI | JDERDALE FL 33301 | | 8 | 4 City | | FL 85 | Zip Code |
| | | | | _1 | poration submits this statement for the purposed of directors. I hereby accept the app | | its registered office |
| | to the provisions of Sections 607.0 ared agent, or both, in the State of F vith, and accept the obligations of, S | | | rporation's b | oard of directors. Thereby accept the app | oointment as regis | tered agent. I am |
| SIGNATURE | Signature, typed or printed name of registered a | anont and title it applicable (NO) | 1£: Registered A | gont signature req | uired when reinstating) | DATE | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | | |
| TITLE | D | ☐ DELETÉ | 1. 1 TH | .E | OP | TX Chi | ange 🔲 Addition |
| NAME | FITTANTO, VINCENT | | 1.2 NAM | λ Ε | | S | |
| STREET ADORESS | 8580 N.W. 86TH ST. | | 1.3 \$TR | EET ADDRESS | 7527 W. OAKLAND | PK BLV | /D |
| CITY-ST-2IP | SUNRISE FL | | 1.4 CH3 | (-ST-ZIP | 7527 W. OAKLAND LANDERHIII, FL | 30319 | ange Addition |
| TITLE | Б | [] DELETE | 2 1 1 111 | LE. |) V P | DX On | ange [] Addition |
| NAME | IACOBELLI, PAUL M | | 2.2 NAN | AE. | | | |
| STREET ADDRESS | 721 S.W. 158 TERR. | | 2.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | | Y-ST-ZIP | | Γ ∃ Ch | ange [Addition |
| TITLE | | ☐ DETEJE | 3. 1 TIT | ļ | | LJ V., | iniga (L) |
| NAME | | | 3.2 NA | , | | | |
| STREET ADDRESS | ; | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | PERFE | | Y - \$1 - Z)P | | T Ch | nange |
| TITLE | | ☐ DELETE | 4. 1 7() | | | _ | - |
| NAME | | | 4.2 NAT | | | | |
| STREET ADDRESS | 5 | | | REE1 ADDRESS | | | |
| CITY - ST - ZIP | | ED postie | 4 4 CH 5 1 TH | Y-ST-ZIP | | ☐ Cr | nange 🔲 Addition |
| TITLE | | DELETE | | | | , | |
| NAME | | | 5 2 NA | I | | | |
| STREET ADDRESS | S | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | F1 NEI ETE | 5.4 CII 6. 1 III | Y-ST-ZIP | | CI | hange |
| TITLE | | DELETE | _ | i | | | |
| NAME | | | 62 NA | | | | |
| STREET ADDRESS | \$ | • | | REE1 ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CI | Y - ST - ZIP | If for the exemption stated in Section 11 | 9.07(3)(k) Florida | Statutes, Lfurther |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cartify 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 in hanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

129196 (305)749-893

R2F034 (12/95)