FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000007445 (7)**

1. Corporation Name
FAMILY TOWING SERVICE, INC.

Principal Place of Business	Mailing Address
604 NORTH 20TH COURT HOLLYWOOD FL 33020	604 NORTH 20TH COURT HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0463806	☐ Applied For ☐ Not Applicable
21 812 NORTH DIXIE HWY.	26 P.O. BOX 1619		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: HOLLYWOOD, FL.	28 City & State: DANIA, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 33020 25 Country: U.S.	29 Zip: 33004 30 Country: U.S.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: STEVEN A. MASON 82 Street Address (P.O. Box Number is Not Acceptable): 3595 SHERIDAN STREET 83: SUITE # 204 84 City: HOLLYWOOD FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Steven A. Mason
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE XX	☐ Change ☐ Addition
NAME	NERAU, DAVID N	12 NAME	
STREET ADDRESS	604 NORTH 20 COURT	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE XX	☐ Change ☐ Addition
NAME	SHERWOOD, CHRISTOPHER L	22 NAME	
STREET ADDRESS	604 NORTH 20 COURT	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	SHERWOOD, JUDITH	32 NAME	
STREET ADDRESS	604 NORTH 20 COURT	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: David N. Nerau David N. Nerau president 4-28-95 305-920-6772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0061847 CP