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

Mailing Address

P.O. BOX 17796

FT. LAUDERDALE LF 33318

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

FT. LAUDERDALE FL 33317

2461 S. STATE RD #7

NAME

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADORESS

CITY - ST - ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Change

Change

Addition

■ Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048287 (4)

INTERSTATE TOWING OF SOUTH FLORIDA, INC.

3. Date Incorporated or Qualified 06/28/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0501226 Not Applicable 26 \$8.75 Additional Suite Apt # etc Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country 8. This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. ☐ Yes 30 29 24 25 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name SALVATORE GIARDINA 1030 SW 93 TERR Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** Zip Code City 85 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title d applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change DELETE Addition TITLE 1 1 TITLE GIARDINA, SALVATORE 1.2 NAME NAME 1030 S.W. 93RD TERR. 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33324** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE GIARDINA, DEBRA NAME 2.2 NAME 1030 S.W. 93RD TERR. 2.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33324** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

62 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

44 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 suppliemental 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 ruceiver or trustee employeered 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 iddress.

SIGNATURE: