

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000082287 (1)**

1. Corporation Name
ANTHONY'S TOWING, INC.



Principal Place of Business:

918 SW 83 DR
CORAL SPRINGS FL 33071
US

Mailing Address:

PO BOX 10583
POMPANO BEACH FL 33061
US

2. Principal Place of Business:

2a. Mailing Address:

21 2040 NW 70 LANE
State, Apt., #:

26 2040 NW 70 LANE
State, Apt., #:

22 City & State
23 MARGATE FL

27 City & State
28 MARGATE FL

24 33063 25 BROWARD

29 33063 30 BROWARD

9. Name and Address of Current Registered Agent

MESSINA, ANTONINO
918 NW 83 DR
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report: 04/19/1995
4. FEI Number: 65-0534318
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.052, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.002 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as shown, 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, Sections 607.005, Florida Statutes.

OFFICERS

12. OFFICERS AND DIRECTORS

1. TITLE	PSD	<input type="checkbox"/> DELETE
2. NAME	GAMPERO, LISA MARIE	
3. STREET ADDRESS	700 N.W. 48 AVE.	
4. CITY, ST, ZIP	COCONUT CREEK FL 33066	
5. TITLE	VTD	<input checked="" type="checkbox"/> DELETE
6. NAME	MESSINA, ANTONINO	
7. STREET ADDRESS	918 NW 83 DR	
8. CITY, ST, ZIP	CORAL SPRINGS FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MESSINA, LISA MARIE	
3. STREET ADDRESS	2040 NW 70 LANE	
4. CITY, ST, ZIP	MARGATE, FL 33063	
5. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS	2040 NW 70 LANE	
8. CITY, ST, ZIP	MARGATE, FL 33063	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntary, furnished and sworn to equally for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the trustee 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 change 4, or on an attachment with an address.

SIGNATURE: *Lisa Messina*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/96
Date

CR2E034 (12/95)