

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000042452 (9)**

1. Corporation Name

**SUPERIOR TOWING AND AUTO TRANSPORT, INC.**



Principal Place of Business

Mailing Address

**371 CYPRESS DRIVE  
TEQUESTA FL 33469**

**371 CYPRESS DRIVE  
TEQUESTA FL 33469**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

**THOMAS CAPASSO**

82 Street Address (P.O. Box Number is Not Acceptable)

**371 CYPRESS DR.**

83

84

**TEQUESTA,**

FL

85 Zip Code

**33469**

11. Pursuant to the provisions of Sections 607.0505 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:

*[Signature]*

DATE: Registered Agent's signature to be present when filing

*[Signature]* 2/2/96

12. OFFICERS AND DIRECTORS

|                    |                          |                                 |
|--------------------|--------------------------|---------------------------------|
| 1. NAME            | <b>D</b>                 | <input type="checkbox"/> DELETE |
| 2. NAME            | <b>CAPASSO, THOMAS</b>   |                                 |
| 3. STREET ADDRESS  | <b>371 CYPRESS DRIVE</b> |                                 |
| 4. CITY, ST, ZIP   | <b>TEQUESTA FL 33469</b> |                                 |
| 5. NAME            |                          | <input type="checkbox"/> DELETE |
| 6. NAME            |                          |                                 |
| 7. STREET ADDRESS  |                          |                                 |
| 8. CITY, ST, ZIP   |                          |                                 |
| 9. NAME            |                          | <input type="checkbox"/> DELETE |
| 10. NAME           |                          |                                 |
| 11. STREET ADDRESS |                          |                                 |
| 12. CITY, ST, ZIP  |                          |                                 |
| 13. NAME           |                          | <input type="checkbox"/> DELETE |
| 14. NAME           |                          |                                 |
| 15. STREET ADDRESS |                          |                                 |
| 16. CITY, ST, ZIP  |                          |                                 |
| 17. NAME           |                          | <input type="checkbox"/> DELETE |
| 18. NAME           |                          |                                 |
| 19. STREET ADDRESS |                          |                                 |
| 20. CITY, ST, ZIP  |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 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)(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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96  
yol  
78-3212

CR2E034 (12/95)