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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

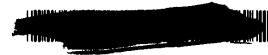
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P950000 58876

Sun CAN CARE + Towing, The

FILED
May 26 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 441 S. STATE 120 7 #15 79 to Will's Road MARJato H. 53068 Spring, 17. 33067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 7/3//95 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65 0597845 21 26 Not Applicable Suite, Apt. #. etc. Suito, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name STUART HOW) 77 82 Street Address (P.O. Box Number is Not Acceptable) 83 11. 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 alignt, or both of the State of Englida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent 1 am family rivith, and analyze by the obligations of 5.000 for 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE **600002536666** -05/27/98--01062--014 NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS ***150,00 6.4 CITY - ST-ZIP 14. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

00.2:0

Block 12 or Block 13 if changed, or on an attachment with an address.

11/20/00

(954) 75C-18CS