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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000069447 (7)**

1. Corporation Name
J & L TOWING SERVICES INC.

Principal Place of Business
**8345 PADDEWHEEL ST.
TAMPA FL 33637**

Mailing Address
**8345 PADDEWHEEL ST.
TAMPA FL 33637**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1995	
21		26	5603 SATINWOOD WAY	4. FEI Number 59-3335132	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27	5603	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28	TEMPLE TERRACE, FL		
Zip	Country	Zip	Country		
24		29	33637	30	USA

9. Name and Address of Current Registered Agent

**LUGO, LIZBETH
8345 PADDEWHEEL ST.
TAMPA FL 33637**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 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

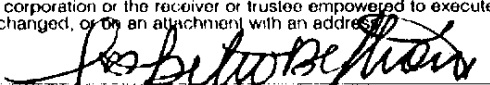
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	LUGO, JUAN C	1.2 NAME	LUGO, JUAN C
STREET ADDRESS	8345 PADDEWHEEL ST	1.3 STREET ADDRESS	5603 SATINWOOD WAY
CITY-ST-ZIP	TAMPA FL 33637	1.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33637
TITLE	VP	2.1 TITLE	VP
NAME	LUGO, LIZBETH	2.2 NAME	LUGO, LIZBETH
STREET ADDRESS	8345 PADDEWHEEL ST	2.3 STREET ADDRESS	5603 SATINWOOD WAY
CITY-ST-ZIP	TAMPA FL 33637	2.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33637
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:  **LIZBETH LUGO** 4/22/98 (813) 981-9616

CR2E034 (10/97)