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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077660 (5)

PETRA TOWING & TRANSPORTATION, INC.

1602 LEE ST. STE. B HOLLYWOOD FL 33020 US			P.O. BOX 490623 FT. LAUDERDALE FL 33219				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
							10/10/1995			
2. Principal Pl	ace of Business	2a. Má	2a. Mailing Address 26				4. FEI Number 65-0613518	FEI Number Applied For		
Suite, Apt.		27	· • · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		28					Trust Fund Contribution A		00 May Be ed to Fees	
Zip 24	Country 25	29					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
g, Name and Address of Current Registered Agent					81 Name					
	Manaseer, mutlak 12 lee st.									
UN	17 B LLYWOOD FL 33020					Street Add	ess (P.O. Box Number is Not Acceptable)			
no.	LLIWOOD FL 33020				63 64	City	FL	85 Z	ip Code	
agent. Lar SIGNATURE	in familiar with, and accept the obligation of the obligation of the state of the obligation of the state of the obligation of the obligat	tand tills day	ection 607.0505, Fl	lorida Statu	ites	3 .	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint when reinstating) DATE			
12.	OFFICERS AND	DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	PSTD AL-MANASEER, MUTLAK P.O. BOX 490623 FT. LAUDERDALE FL 33349		DELETE	1.1 TUT 1.2 NA/ 1.3 STR 1.4 CIT	ME IEET A	ADDRESS T-ZIP		Chang	-	
NAME STREET ADDRESS CITY-ST-ZIP	☐ D€ LETE			2.3 STF	2.1 THILE 2.2 NAME 2.3 STREET ADD 2.4 CITY-S1-ZI		500002495 -04/21/380 ****158.75	1063	e ∐ Addition 012 +158.75	
TITLE NAME STREET ADDRESS			☐ DELETE		ME KEET A	ADDRESS		Chang	ge 🔲 Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	3.4. CIT 4.1 TITU 4.2 NA 4.3 STE	.E ME	ADDRESS		Chang	ge Addition	
CITY-ST-ZIP TITLE NAME			☐ DELETE	4.4 CIT 5.1 TIT	Y-\$1 .E		1	Chang	ge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP			- Delete	5.3 STF 5.4 CIT	EF1. Y-S1	ADDRESS 1-ZIP		7 6.	and the state of t	
TITLE NAME STREET ADDRESS			☐ DELETE	61 111 62 NAI 63 STR	ΜE	ADDRESS	'	Chang	ge 🔲 Addition	

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.

FILED

98 APR 21 PM 3: 02

SECRETARIO STATE TALLAHASSEE, FLORIDA