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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000004098

1. Corporation Name

CHOICE TOWING, INC

Principal Place of Business: 5991 S.W. 44th ST, DAVIE, Fl. 33314

Mailing Address: C/O ROBINSON, 5261 SW. 35th CT, DAVIE, Fl. 33314

3. Date Incorporated or Qualified: January 12, 1996	3a. Date of Last Report
4. FEI Number: 65-0631882	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. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 5991 SW 44th St	26 5261 SW 35th Ct
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.: C/O ROBINSON
23 City & State: DAVIE,	28 City & State: DAVIE, FL. 33314
24 Zip: 33314 / 25 Country: BROWARD	29 Zip: 33314 / 30 Country

9. Name and Address of Current Registered Agent

Lawrence J Spiegel Chtd.
343 Almeria Ave
Coral Gables, Fl. 33134

10. Name and Address of New Registered Agent

81 Name: Joan Robinson
82 Street Address (P.O. Box Number is Not Acceptable): 5261 SW 35th CT
83
84 City: DAVIE FL 85 Zip Code: 33314

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: John Robinson Joan Robinson
Signature, typed or printed name of registered agent and title if applicable. (REQUIRED when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOAN ROBINSON	1.2 NAME	
STREET ADDRESS	5261 SW 35th CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE, Fl 33314	1.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOAN ROBINSON	2.2 NAME	
STREET ADDRESS	5261 SW 35th CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33314	2.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOAN ROBINSON	3.2 NAME	
STREET ADDRESS	5261 SW. 35th CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE, Fl. 33314	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	000002165660 -05/05/97--01040--048 ***165.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: John Robinson Joan Robinson 4/28/97 (954) 581-3350