

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90118 009 ***150.00

DOCUMENT # P96000036468

1. Corporation Name
FROMEN'S TOWING, INC.

Principal Place of Business
17 NE 5TH STREET
POMPANO BEACH FL 33060
US

Mailing Address
17 NE 5TH STREET
POMPANO BEACH FL 33060
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1996

4. FEI Number

65-0678014

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 owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

2. Principal Place of Business

21 1901 N. Powerline Rd.

Suite, Apt. #, etc.

22 City & State
Pompano Beach, FL

23 Zip Country
33069 USA

24 33069 25 USA

2a. Mailing Address

26 1901 N. Powerline Rd.

Suite, Apt. #, etc.

27 City & State
Pompano Beach, FL

28 Zip Country
33069 USA

29 33069 30 USA

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST.
FT. LAUDERDALE FL 33311

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

Mike Fromen

MIKE FROMEN

4-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME FROMEN, MICHAEL S
STREET ADDRESS 520 NE 26TH CT.
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE D ☐ DELETE
NAME FROMEN, CAROL V
STREET ADDRESS 520 NE 26TH CT.
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME MIKE FROMEN
1.3 STREET ADDRESS 1901 N. Powerline Rd.
1.4 CITY-ST-ZIP Pompano Beach, FL 33069

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME CAROL FROMEN
2.3 STREET ADDRESS 1901 N. Powerline Rd.
2.4 CITY-ST-ZIP Pompano Beach, FL 33069

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Mike Fromen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99 (954) 970-7082

0155026

CR2E034 (11/98)