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PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000047783

1. Corporation Name  
TIGER TRANSPORT & RECOVERY, INC.

Principal Place of Business  
2525 S.E. 7TH STREET  
POMPANO BEACH FL 33062

Mailing Address  
2525 S.E. 7TH STREET  
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/05/1996

2. Principal Place of Business  
21 5479 NW 121 AV

2a. Mailing Address  
26 5479 NW 121 AVE

4. FEI Number  
65-0676594

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Applied For  
Not Applicable

22 City & State  
23 CORAL SPRINGS FL

27 City & State  
28 CORAL SPRINGS FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip 33076 25 Country USA

29 Zip 33076 30 Country USA

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, ROBERT  
2525 S.E. 7TH STREET  
POMPANO BEACH FL 33062

81 Name MILLER, ROBERT  
82 Street Address (P.O. Box Number is Not Acceptable)  
5479 NW 121 AV  
83 CORAL SPRINGS  
84 City  
85 Zip Code FL 33076

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D, MILLER, ROBERT, 2525 S.E. 7TH STREET, POMPANO BEACH FL 33062. Rows 2-4 are blank with DELETED checkboxes.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows 1.1-1.4 are blank. Rows 2.1-2.4 are blank. Rows 3.1-3.4 are blank. Rows 4.1-4.4 are blank. Rows 5.1-5.4 are blank. Rows 6.1-6.4 are blank.

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: [Signature] 1/1/99 954-341-1903

CR2E034 (1.1/98)