

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

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90090 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1996

4. FEI Number

65-0676594

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

2. Principal Place of Business

21 5479 NW 121 AV
Suite, Apt. #, etc.

2a. Mailing Address

26 5479 NW 121 AVE
Suite, Apt. #, etc.

City & State

23 CORAL SPRINGS FL

City & State

28 CORAL SPRINGS FL

Zip

24 33076

Country

25 USA

Zip

29 33076

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

MILLER, Robert

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

5479 NW 121 AV

83

CORAL SPRINGS

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MILLER, ROBERT
STREET ADDRESS 2525 S.E. 7TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33062

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

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99

954-341-1903

Date

Daytime Phone #

CR2E034 (1.1/98)

0156401