1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000049978

1. Corporation Name

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90037 042 \*\*\*150.00

	TOWING INC.				•					
Principal Place	of Rusiness	Mailing Address				<b>-</b>	) 140 luanu uanka muka m	<b>ilii 46</b> iik 88iki 1		1 10001 1011 1001
•	2	10060 SW 17 CT								
10060 SW 17 CT DAVIE FL 33324		DAVIE FL 33324					DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorp	orated or Qualifed	<u> </u>		
		•				06/10/19	96			}
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			A	pplied For
21		26				65-03925	527		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					f Status Desired		<b>*</b> • · · · –	Additional
22		27				5. Certificate o	- Status Desired		Fee R	equired
City & State	e	City & State				6. Election Ca	mpaign Financing			May Be
23	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund	Contribution :		Added	to Fees
Zip	Country .	Zip		ıntry		•	ation owes the cu	rrent year Int		
24	25	29	30			Personal Pr		Davista and	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		04	None	10. Name and	Address of New	Registered	Agent	
സ	CIA, MICHAEL			81	Name					
	SO SW 17 CT			82	Street Addre	ess (P.O. Box Nun	nber is Not Accep	table)		
	E FL 33324			02						
DAVI	E 1 L 33024			83						
				84	City			FL	85 Zip	Code
	to the provisions of Sections 607.05	00 1 007 1509 Elecido Statu	lac tha		named com	oration submits thi	s statement for the		changing it	s registered
office or r	aciatared agent or both in the State	of Florida, Such change was a	HITOOTIZE	ส ทง แ	he corporation	on's board of direct	ors. I hereby acce	ept the appoi	ntment as r	egistered
	m familiar with, and accept the oblig-	ations of Section 607 0505. Fit	wida Ctat							
agent. I a	in terrinal with a second	aliuns of, Section our cools, i k	niua Stat	iuies.						}
agent. I a					signature required	d when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE		d Agent	signature required	d when reinstating)	CHANGES TO O		ND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag		E: Registere	d Agent	signature required		CHANGES TO O		ND DIRECT	
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A P COSCIA, MICHAEL 10060 SW 17 CT	ent and tide if applicable. (NOTE  ND DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	d Agent ITLE IAME STREET / STY- ST- ITLE IAME	ADDRESSZIP		CHANGES TO O		Change	☐ Addition
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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:

Daytime Phone #