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FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000097198 (1)

1. Corporation Name

SOARING ANGELS TOWING SERVICE, INC.

Principal Place of Business

1452 E. OSCEOLA PARKWAY
SUITE O
KISSIMMEE FL 34743

Mailing Address

1452 E. OSCEOLA PARKWAY
SUITE O
KISSIMMEE FL 34744-1807



2. Principal Place of Business

21 1462 E. Osceola Pkwy

Suite, Apt. #, etc.

22 O

City & State

23 KISS FL

24 Zip 34744

Country

25 USA

2a. Mailing Address

26 1452 E. Osceola Pkwy

Suite, Apt. #, etc.

27 O

City & State

28 KISS, FL

29 Zip 34744

Country

30 USA

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

NA

4. FEI Number

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

9. Name and Address of Current Registered Agent

PENA, LEONIDA
301 COCOA COURT
KISSIMMEE FL 34758

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

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PENA, LEONIDA
STREET ADDRESS 301 COCOA COURT
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE D ☒ DELETE
NAME RODRIGUEZ, MARADENISE
STREET ADDRESS 2523 HIKERS COURT
CITY-ST-ZIP KISSIMMEE FL 34743

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Federico T. Pena
2.3 STREET ADDRESS 301 Cocoa Ct
2.4 CITY-ST-ZIP Kiss, FL 34758

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 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. 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: *Leonida Pena* (LEONIDA PENA)

4/8/97

407 846-4244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0010017

CR2E034 (9/96)