

FILE NOW: FILING FEE AFTER MAY 1:

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**  
 06-10-1999 90024 009 \*\*\*550.00

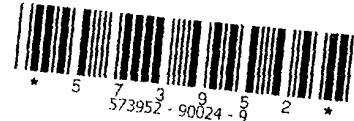
DOCUMENT - 1

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA

DIVISION

DOCUMENT # **P97000005531**

1. Corporation Name

**EXOTIC TOWING, INC.**

Principal Place of Business

Mailing Address

**4950 SOUTH MILITARY TRAIL**  
**#D**  
**LAKE WORTH FL 33463**  
**US**

**4950 SOUTH MILITARY TRAIL**  
**#D**  
**LAKE WORTH FL 33463**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/14/1997**

4. FEI Number

**65-0722025**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21**  
 Suite, Apt. #, etc.

**26**  
 Suite, Apt. #, etc.

**22**  
 City & State

**27**  
 City & State

**23**  
 Zip Country

**28**  
 Zip Country

**24**  
**25**

**29**  
**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONOUGH, MICHAEL D**  
**12798 FOREST HILL BLVD., SUITE 201A**  
**WELLINGTON FL 33414**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of authorized agent and date of filing

(NOTE: Registered Agent signature required when the filing is for a change of agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>SCALICI, CHRISTOPHER</b>  |                                 |
| STREET ADDRESS | <b>86 ABACO DR.</b>          |                                 |
| CITY-ST-ZIP    | <b>PALM SPRINGS FL 33461</b> |                                 |
| TITLE          | <b>V</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>BEHBOUDI, ESFANDIAR</b>   |                                 |
| STREET ADDRESS | <b>4902 GARDNER LN</b>       |                                 |
| CITY-ST-ZIP    | <b>LAKE WORTH FL 33463</b>   |                                 |
| TITLE          | <b>S</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>RONCIR, GEORGE</b>        |                                 |
| STREET ADDRESS | <b>766 WHIPORWILL TRAIL</b>  |                                 |
| CITY-ST-ZIP    | <b>WPB FL 33411</b>          |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-ST-ZIP     |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-ST-ZIP     |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-ST-ZIP    |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-ST-ZIP    |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-ST-ZIP    |                                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(c), 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

*Esfandiar Behboudi*  
 541 6325757

CR2E034 (11/98)

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