FILE NOW: FILING FEE AFTER MAY 1

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

035504

DOCUMENT - 1

573952 - 90024 - 9

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA ... DIVISION

DOCUMENT # **P97000005531**

1. Corporation Name
EXOTIC TOWING, INC.

Principal Place of Business
4950 SOUTH MILITARY TRAIL
#D
LAKE WORTH FL 33463
US

Mailing Address
4950 SOUTH MILITARY TRAIL
#D
LAKE WORTH FL 33463
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 — Suite, Apt #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 30

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 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

9. Name and Address of Current Registered Agent

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

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 ______ Date ______
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCALICI, CHRISTOPHER		1.2 NAME	
STREET ADDRESS	86 ABACO DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL 33461		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEHBOUDI, ESFANDIAR		2.2 NAME	
STREET ADDRESS	4902 GARDNER LN		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	RONCIR, GEORGE ☐ Change ☐ Addition
NAME	RONCIR, GEORGE		3.2 NAME	
STREET ADDRESS	766 WHIPORWILL TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL 33411		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: Esfandiar Behboudi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 ...

CR2E034 (11/98)