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 # P9700006158

1. Corporation Name

DEF TOWING, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90055 024 ***150.00



Principal Place of Business Mailing Address							(El 11881 :	81481 1811 1881	
7425 N.W. 4 STREET 7425 N.W. 4 STREET									
PLANTATION FL	_ 3331 /	PLANTATION PL 33317	PLANTATION FL 33317			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
	•					01/22/1997		Į.	
2 D-i	land of Diversion	2a. Mailing Address				4. FEI Number	An	plied For	
- 	ace of Business	F	J			65-0719744		t Applicable	
21		26	Suite, Apt. #, etc.					dditional	
Suite, Apt:	#eic:-	·	¬			Certificate of Status Desired Fee Required			
22	<u> </u>	27							
City & State	9	City & State	¬ '			1 - 1		· .	
23		Zip Country				Trust Fund Contribution Added to Fees			
Zip									
24	25 29 30			r disorial r roborty rus.					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Age									
AUGUA ALIADI FO LA ID				81	Name				
	TO, SHARLES M JR.		Ta a		Street Addre	Address (P.O. Box Number is Not Acceptable)			
	N.W. 4 STREET		Į.						
PLAI	NTATION FL 33317			83		 		}	
						85	Zip C	`ode	
				84	City	FL- °	. Zip C	,000	
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								registered	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered									
agent. I am familiar with, and accept the obligations of, Section 507.0505, Florida Statutes.									
SIGNATURE	Signature, typed of printed name of registered agen	beacc 4/adag	re		 	d when reinstating) DATE		}	
	Signature, typed of printed name of registered agen	t and little if applicable. (NOTE:	Registered	Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTO	RS IN 12	
12.	OFFICERS AN	D DIRECTORS DELETE	1.1 11	71 (*			hange	Addition	
TITLE	D	C DECE IE				<u> </u>	,		
NAME	SERPICO, FRANK		1.2 NA						
STREET ADDRESS	7050 TYLER STREET		1.3 ST	REET	ADDRESS	•			
CITY-ST-ZIP	HOLLYWOOD FL 33312		1.4 Cf	TY-ST	-ZIP				
TITLE	DELETE 2.1 T			TLE		Пc	Change	☐ Addition	
NAME			2.2 N/	AME				1	
STREET ADDRESS	·		2.3 ST	REET	ADDRESS -			<u> </u>	
CITY-ST-ZIP			2.4 C	ITY-S1	T- ZIP				
TITLE			3.1 TIT				Change	☐ Addition	
NAME	•		3.2 NA	ME.					
\					ADDRESS			}	
STREET ADDRESS				ITY-SI	1				
CITY-ST-ZIP		DELETE	4.1 TF		1-217	По	hange	☐ Addition	
TITLE	,						0	_	
NAME	,		4.2N			•			
STREET ADORESS			4.3 ST	REET	ADDRESS			İ	
CITY-ST-ZIP			_	TY-\$T	:-ZIP				
TITLE		☐ DÉLETE	5.1 T/				Change	Addition \	
NAME			5.2 N/	AME		•			
STREET ADORESS			5.3 S1	TREET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-ST	r-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TI	TLE			hange	☐ Addition	
NAME	7.		6.2 NA	AME				Ì	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS