

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000032838 (9)**
1. Corporation Name
NOLAN NORTH TOWING INC.

Principal Place of Business

Mailing Address

2155 NE 187TH STREET
NORTH MIAMI BEACH FL 33179

2155 NE 187TH STREET
NORTH MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 19293 W. Dixie Hwy
Suite, Apt. #, etc.

26 2155 NE 187 St
Suite, Apt. #, etc.

22 City & State
23 Aventura, Florida

27 City & State
28 North Miami Beach, Florida

24 Zip 33180 25 Country Dade

29 Zip 33179 30 Country Dade

9. Name and Address of Current Registered Agent

CAPOZZI, SALVATORE
2155 NE 187TH STREET
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified

04/10/1997

4. FEI Number

65-0745955

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Capozzi Catherine

82 Street Address (P.O. Box Number is Not Acceptable)

2155 NE 187 St

83

84 City

North Miami Beach

FL

85 Zip Code

33179

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 *Catherine M. Capozzi*
Signature, typed or printed name of registered agent and title if applicable.

Salvatore Capozzi
(NOTE: Registered Agent signature required when replacing)

DATE 1/2/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME CAPOZZI, SALVATORE
STREET ADDRESS 2155 NE 187TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Capozzi, Catherine
1.3 STREET ADDRESS 2155 NE 187 St
1.4 CITY-ST-ZIP North Miami Beach, FL 33179

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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.

SIGNATURE: *Catherine M. Capozzi* **FILE REQUIRED**

1/2/98 (305) 682-1230

CR2E034 (10/97)