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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700033647

1. Corporation Name

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90033 035 ***150.00

A-TOWEL CO., INC. Principal Place of Business Mailing Address 8541 W. NCNAB ROAD 8541 W. NCNAB ROAD TAMARAC FL 33321 TAMARAC FL 33321 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/11/1997 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 65-0757885 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired. Fee Required 27 22 \$5.00 May Be City & State City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zio Country 8. This corporation owes the current year Intangible Country Zip □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NADEL, ADAM 82 Street Address (P.O. Box Number is Not Acceptable) 8541 W. NCNAB ROAD TAMARAC FL 33321 83 85 Zip Code 84 City 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 reinstating) CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE DIANE MADELLARY DR. #412 12 NAME NAME NADEL, ADAM 4176 INVERRARY DR #412 1.3 STREET ADDRESS LANDERHILL FL. 33319 STREET ADDRESS 1.4 CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐1 Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 suppliemental 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 carporation or the deciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if phaged or or the personnel of the carporation or the deciver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if phaged or or the personnel of the carporation of the personnel of the per Block 12 or Block

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR