## 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

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90273 034 \*\*\*158.75

## DOCUMENT # P97000072861

CAPY'S TOWING & RECOVERY, INC.

11560 WILES ROAD CORAL SPRINGS FL 33065

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Principal Place	e of Business	Mailing Address						
11560 WILES R		11560 WILES ROAD						
CORAL SPRINGS FL 33065 CORAL SPRI		CORAL SPRINGS FL 33065	CORAL SPRINGS FL 33065		IN THIS SPAC	`F		
				3. Date Incorporated or Qualifed	IN THIS STAC	<u>~</u>		1
				08/21/1997				
		A Marilian Address		4. FEI Number		Anr	lied For	ì
	lace of Business	2a. Mailing Address	c I.	1 "	}			1
21 4 90	NM HAH ST.	26 1980 MU YUH	37	65-0777006	7 60		Applicable	┨
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Additional Fee Required				ĺ
22		27						
City & State	e Control Sant Tank Militar	City & State	<u></u>	6. Election Campaign Financing				(
23 YOMP	ramo Beach 41.	28 Yom Pano Beach		Trust Fund Contribution		dded to	Fees	
Zip	Country U.S.	<b>—</b>	Country	<ol><li>This corporation owes the current</li></ol>	· <u></u>			
24 33	Ole 4 25 Broward	29 33064 30	·us	Personal Property Tax.	<u> </u>		□No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agen	<u> </u>		ł
			81 Name	Vargues Maria				ļ
	ZUCA, MARIA			MAZTUCE MAYIE Address (P.O. Box Number is Not Acceptable				1
1156	60 WILES ROAD		ว เจ็น		-,			
COR	AL SPRINGS FL 33065		83	<u> </u>	·			1
			<u> </u>					1
1			84 City2	mpano Beach	FL 85			ł
			ICI	mpano beaca		330		┨
office or r	odictored agent or both in the State O	t Florida. Such chande was author	zed by the corpo	corporation submits this statement for the puration's board of directors. I hereby accept the	ne appointmen	t as reg	istered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	Statutes.					1
SIGNATURE								ł
0,0,0,0,0	Signature, typed or printed name of registered agent			equired when reinstating)	DATE			\ <u>6</u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC				∤ ₹
TITLE	D ·	DELETE 1	.1 TITLE	Mazzuca, Paul	0.00	hange	☐ Addition	3
NAME	Mazzura, Paul	1	.2 NAME	1980 NM HATT 84				1 3
STREET ADDRESS	6980 N.W. 18TH COURT	1	,3 STREET ADDRESS	Pompano Beach				إ
CITY+ST-ZIP	MARGATE FL 33063		.4 CITY-ST-ZIP	Florida 33064				] ç
TITLE	D	▼ DELETE 2	.1 TITLE	Marzuca, Maria	₽4	hange	☐ Addition	۱ ۲
NAME	MARZZUCCA, MARIA	2	.2 NAME	1980 NW YUN St.				ĺ
STREET ADDRESS	11560 WILES ROAD		3 STREET ADDRESS	Pompano Beach				
ŧ I	CORAL SPRINGS FL 33065		4 CITY-ST-ZIP	Florida . 33064				1
CITY-ST-ZIP	CONAL SPRINGS PL 33003		.1 TITLE	1/0/12		hange	Addition	1
TITLE		_			٠.			
NAME			.2 NAME	<b></b>				
STREET ADDRESS		3	.3 STREET ADDRESS					1
CITY-ST-ZIP			i.4. CITY-ST-ZIP	,		N		į
TITLE		☐ DELETE 4	.1 TILE			hange	☐ Addition	
NAME		. 4	. 2 NAME					ĺ
STREET ADDRESS		4	.3 STREET ADDRESS					1
CITY-ST-ZIP		<b>i</b> 4	.4 CITY-ST-ZIP					
TITLE			i.1 TITLE			hange	☐ Addition	1
1			2 NAME			-		
NAME			.3 STREET ADDRESS					
- STREET ADDRESS		and the state of t	4 CITY-ST-ZIP					1-
CITY-ST-ZIP			3.1 TITLE			hange	☐ Addition	1
TITLE					L)(	, lunge		1
NAME	4		2 NAME					
STREET ADDRESS	,		3.3 STREET ADDRESS					j
t			3.4 CITY-ST-ZIP					1

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: