## 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 #

1. Corporation Name

P97000080091 (6) TICED TOWING INC

**FILED** Jul 16 1998 8:00am Secretary of State

TIGE	r towing, inc.				
Principal Place of Business Mailing Address					
POMPANO BEACH FL 33069		2500 N.W. 15 COURT POMPANO BEACH FL 33069			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					09/16/1997
2. Principal P	lace of Business	2a, Mailing Address	2a, Mailing Address		4. FEI Number Applied For
21		26	26		65-0785639 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
Cijty & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip	ten 'ten 'ten 'ten		Coun	try	8. This corporation owes or has paid the current year Intangible
24	25   29   3 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
		·	·	Name	10. Haille and Address of New Registered Agent
- MIRANDA, NESTOR C					KOQUE PENA
MIRANDA, NESTOR C 9373 W. SAMPLE RD: STE. 203 CORAL SPRINGS FL 33065					dress (P.O. Box Number is Not Acceptable)
4 ا	market Schings LF 33003	•	l <sub>i</sub>	33	TOO NW 15 CT
	•				
İ			[ {	City	MPANO beach FL 85 Zip Code 33.069
11. Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statu	tos the abo		
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 tegistered 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					
agont. I am familial with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Solution, typest printed name of phystered ager	ril and title if applicable (NO	IL: Registered	Agent signature regu	uirod when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELFTE	1.1 TITE	E	Change Addition
NAME	PENA, ROQUE			IE :	
STREET ADDRESS	2000 //////		1.3 STR	EE1 ADDRESS	
CHY-ST-ZIP	POMPANO BEACH FL 33069		1.4 City	'-ST-ZIP	
TITLE	D	☐ DELE3E	2.1 TITL	E	Change Addition
NAME	Pena, sol		2.2 NAN	IE	
STREET ADDRESS	#		2.3 STR	E1 ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 3306		2.4 011	r-ST-ZIP	
TITLE	D DELETE		3.1 TITL		Change Addition
NAME	PENA, RICARDO		3.2 NAM	E	
STREET ADDRESS	2500 N.W. 15 COURT	_	3.3 STRI	E1 ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 3306	· · · · · · · · · · · · · · · · · ·		7-81-7IP	
TITLE		☐ DEFELE	4.1 TITU		Change Addition
NAME			4. 2 NAM		
STREET ADDRESS			4.3 \$1RE	ET ADDRESS	
CITY-ST-ZIP				- ST - ZIP	
TITLE		☐ DELETE	5.1 TITL		Change Addition
NAME			5.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		17 seiere		- ST - ZIP	
TITLE		DELETE	61 7ITL		Change Addition
NAME			6.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	- ST- ZIP	

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.

11/20/08