SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 19 PM 12:36

DOCUMENT # P97000084253

1. Corporation Name
CASINO AUTO SERVICE & TOWING, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
9797 S. ORANGE BLOSSOM TRAIL UNIT #18 ORLANDO FL 32824	9797 S. ORANGE BLOSSOM TRAIL UNIT #18 ORLANDO FL 32824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1997

2. Principal Place of Business (21): 1450 E. OSCEOLA PKWY
Suite, Apt. #, etc. (22):
City & State (23): KISS. FL
Zip (24): 34744 Country (25): USA

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-3476493 ☐ 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 the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MATAS, ANTONIO
9797 S. ORANGE BLOSSOM TRAIL
UNIT #18
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name: ANTONIO MAZZILLI
82 Street Address (P.O. Box Number is not Acceptable): 1458 E OSCEOLA PKWY
83:
84 City: KISS. FL 85 Zip Code: 34744

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: ANTONIO MAZZILLI — 10-25-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATAS, ANTONIO 9797 S. ORANGE BLOSSOM TRAIL, UNIT #18 ORLANDO FL 32824	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D MAZZILLI ANTONIO 1450 E OSCEOLA PKWY KISS. FL 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIASRY, DANNY 10526 MANASSA CIRCLE ORLANDO FL 32821	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	500003063625--7 -12/07/99--01097--017 *****750.00 *****750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 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: [signature] REQUIRED 11-16-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)