

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

DOCUMENT # P98000010771

1. Corporation Name
ATO TOWING, INC.

Principal Place of Business
13530 59TH CT NORTH
ROYAL PALM BEACH FL 33411

Mailing Address
13530 59TH CT NORTH
ROYAL PALM BEACH FL 33411

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

03-24-1999 90018 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

4. FEI Number

✓ 05-0882748

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 Tax.

Yes No

9. Name and Address of Current Registered Agent

ALLISON, ROGER
11131 67TH PLACE NORTH
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

33412

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)

DATE

12. OFFICERS AND DIRECTORS

DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALLISON, ROGER
11131 67TH PLACE NORTH
ROYAL PALM BEACH FL 33411

DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec/Treas
Joyce Allison
11131 67th Place North
- Royal Palm Bch FL 33412

DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

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

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (Signature of Allison) - 3-15-99-561-798-821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #