05-10-1999 90300 035 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

TITLE

NAME

ST-ZIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000031374

1. Corporation	AND KIM'S TOWING SER	VICES, INC.						
Principal Place of Business Mailing Address						I JONE JONE ILO JOEN LOUG MORE CONTIL MOULE DOE	EB 11193 1100B 1111) (69) O O OO
5867 S.E. WILSIE DRIVE 5867 S.E. WILSIE DRIVE								
STUART FL 34997 STUART FL 34997						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						04/02/1998		
Principal Place of Business 2a. Mailing Address						4 FFI Number	A	pplied For
21 26						65-0830016	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27	27			3. Certificate of Status Desired	Fee R	Required
City & State	8	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		I to Fees
Zip	Country Zip			Country		8. This corporation owes the current year	Intangible Yes	ØNo
24	25	29	30	ı		Personal Property Tax. 10. Name and Address of New Registere		5140
	9. Name and Address of Currer	t Registered Agent		81	Name	to. Name and Address of New Registere	u Agent	
GAJ	ATE, ROLAND							
5867 S.E. WILSIE DRIVE				82	Street Add	et Address (P.O. Box Number is Not Acceptable)		
STUART FL 34997				83				
0.0								
				84	City	F	85 Zip	Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa tions of, Section 607.0505,	s authorized Florida Stat	utes.	the corporate	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its ointment as re	s registered egistered
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NI ID DIRECTORS	13.	Agen	1 signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TI	TLE		7.0011101107011111010110110110110110110110	☐ Change	
NAME	GAJATE, ROLAND			1.2 NAME				
STREET ADDRESS	5867 S.E. WILSIE DRIVE				ADDRESS			
CITY-ST-ZIP	STUART FL 34997			TY-ST				
TITLE	VSTD	☐ DELETE	2.1 Ti		-		☐ Change	☐ Addition
NAME	GAJATE, KIMBERLY		2.2 N	AME				ļ
STREET ADDRESS	5867 S.E. WILSIE DRIVE		2.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	-STUART-FL-34997-	·	2.40	aty-s	T-ZIP			
TITLE	0.0.0	DELETE 3.1					☐ Change	Addition
NAME			32 N	AME				
STREET ADDRESS			3.3 S1	TREET	ADDRESS			
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP			
TITLE		☐ DELETE 4.11		4.1 TITLE			Change	Addition
NAME			4.2 N	IAME				
STREET ADDRESS			4.3 \$	TREET	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-S1	T-ZIP			
TITLE		☐ DELETE	5.1 T	TLE			Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP				ΠY-\$1	T- ZIP			
TITLE] = 	☐ DELETE	6.1 TI	πE			Change	e

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.

6.4 CITY-ST-ZIP

6.2 NAME

63 STREET ADDRESS

Molano