

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90052 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000031606

1. Corporation Name

ALERT RECOVERY & TOWING COMPANY, INC.



Principal Place of Business

**13812 SOUTHWEST 144TH AVENUE
MIAMI FL 33186**

Mailing Address

**13812 SOUTHWEST 144TH AVENUE
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

65-0845816

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

2. Principal Place of Business

18785 SW 105 AVE

2a. Mailing Address

P.O. Box 4338

Suite, Apt. #, etc.

Bay 25

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip **33157** Country **DADE**

Zip **33116-4338** Country **DADE**

9. Name and Address of Current Registered Agent

**GONZALEZ, MADELINE
13812 SOUTHWEST 144TH AVENUE
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **MADELINE G. FORBESS**

82 Street Address (P.O. Box Number is Not Acceptable)
18725 SW 105 AVE

83 **SUITE 25**

84 City **MIAMI** FL 85 Zip Code **33157**

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 **Madeline G. Forbes**

MADELINE G. FORBESS 3/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P GONZALEZ, MADELINE**
STREET ADDRESS **13812 SOUTHWEST 144TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE
NAME **VP LEVTER, DALLAS**
STREET ADDRESS **13812 SOUTHWEST 144TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE
NAME **ST GONZALEZ, CARMELO**
STREET ADDRESS **13812 SOUTHWEST 144TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **MADELINE PRES** ☐ Change ☒ Addition
1.2 NAME **G. FORBESS**
1.3 STREET ADDRESS **18785 SW 105 AVE #25**
1.4 CITY-ST-ZIP **MIAMI FL 33157**

2.1 TITLE **V.P.** ☐ Change ☒ Addition
2.2 NAME **LEVTER DALLAS**
2.3 STREET ADDRESS **18785 SW 105 AVE #25**
2.4 CITY-ST-ZIP **MIAMI FL 33157**

3.1 TITLE **ST** ☐ Change ☒ Addition
3.2 NAME **LEVTER DALLAS**
3.3 STREET ADDRESS **18785 SW 105 AVE #25**
3.4 CITY-ST-ZIP **MIAMI FL 33157**

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

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

6.1 TITLE ☐ Change ☐ Addition
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: **Madeline G. Forbes** **MADELINE G. FORBESS 3/8/99 3052530291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)