## 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

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90065 016 \*\*\*150.00

## DOCUMENT # P98000036798

1. Corporation Name

ALL AMERICAN TOWING, INC.

							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							04/23/1998
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				(65 - 083/504   Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired.
22		27					ree required
City & State		$\vdash$	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28					The state of the s
Zip Country			, ·				8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes 📉 No
24	9. Name and Address of Curren	29 t Regis		30			10. Name and Address of New Registered Agent
<del></del>	5. Name and Address of Curren	r regio	tored rigerit		81	Name	
WAREHAM, JOHN			•				1 (C.O. San Mark Accordable)
4971 S.W. 34TH PLACE					82	Street Add	dress (P.O. Box Number is Not Acceptable)
DAVI	E FL 33314				83		
							85 Zip Code
					84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	da. Such chande was at	uthorized	1 DV	the corporati	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed or printed name of registered age			Registered	Agen	nt signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIKE	DELETE	1.1 TI	ΠF		Change Addition
NAME	WAREHAM, JOHN			1.2 N			
STREET ADDRESS	4971 S.W. 34TH PLACE					T ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314				TY-\$1		,
TITLE	5711.0001		☐ DELETE	2.1 TI			☐ Change ☐ Addition
NAME				2.2 N	AME	-	•
STREET ADDRESS				2.3 S	TREET	TADDRESS	
CITY-ST-ZIP	#**	•	الم المستدركيد	2.40	πÝ S	ST-ZIP	
TITLE			☐ DELETE	3.1 TI			☐ Change ☐ Addition
NAME				3.2 N	AME		·
STREET ADDRESS	·			3.3 S	TREET	TADDRESS	
CITY-ST-ZIP				3.4. C	ITY-S	ST-ZIP	
TITLE			☐ DELETE	4.1 TI		1	☐ Change ☐ Addition (
NAME				4.21			
STREET ADDRESS						TADDRESS	
CITY-ST-ZIP				_		T-ZIP	☐ Change ☐ Addition
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NAME				5.2 N		T 4000ESS	•
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NAME .3	* * * * * * * * * * * * * * * * * * *					T ADDRESS	,
STREET ADDRESS	1.7 327 376.			0.55	INCE	י יייייייייייייייייייייייייייייייייייי	

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:**