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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000038093

1. Corporation Name

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90084 011 ***158.75

	ABLE TOWING SERVICE CC								
Dringing! Diggs	of Business	Mailing Address				-			
Principal Place		-							
680 NE 4 PLACE 680 NE 4 PLACE HIALEAH FL 33010 HIALEAH FL 33010									
	~					DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
					_	04/24/1998		No.	
一つつうへ	lace of Business	2a. Mailing Address	/v	્રી		4, FEI Number		1	pplied For
21 9 20	SE 17 St.	26 6711 COd	. 7	٠ דر					ot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	X		eduired
22 City & State	0.1	Çity & State	1		7	A Florier Compoint Financing	<u> </u>		May Be
	kah. H.	28 HOILY WOO		F	<u>'. </u>	6. Election Campaign Financing Trust Fund Contribution		Added	to Fees
Zip	Country	- 20 7-11-	Coun	try.		8. This corporation owes the curr	ent year Inta	ngible □ Yes	
24 330			10 C	15 F	<u> </u>	Personal Property Tax. 10. Name and Address of New F	Panistered A		
	9. Name and Address of Current	Registered Agent		B1 Name		IV. Halle alla Address of New F	.vg.v.c.ou x		
CAR	RILLO, RESTITUTO		L						
680 NE 4 PLACE			1	B2 Street	Addres	ss (P.O. Box Number is Not Accepta	able)		
	EAH FL 33010			В3		· · · · · · · · · · · · · · · · · · ·			
			1	B4 City			FL	85 Zip	Code
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	2 and 607.1508, Florida Statutes of Florida. Such change was autions of, Section 607.0505, Florid	s, the abordance of the state o	ove-named by the corp es.	corpoi oration	ration submits this statement for the i's board of directors. I hereby accep	purpose of on the appoin	thanging its	s registered egistered 7 %
SIGNATURE	Signature, typed of printed name of registered agent	and title if applicable. (NOTE: R	Registered A	gent signature	required v	when reinstating)	DATE		
12.	OFFICERS AND	D DIRECTORS	13.	· · ·		ADDITIONS/CHANGES TO OF	FICERS AN		
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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 turther 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 attack ment with an address, with all other like empowered.

ATCHED LOUIRED AND OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: