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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90140 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000097827					
1. Corporation Name DC TOWING, INC.					
Principal Place of Business 5201 75TH STREET NORTH ST. PETERSBURG FL 33709			Mailing Address 5201 75TH STREET NORTH ST. PETERSBURG FL 33709		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc.			2a. Mailing Address 28 Suite, Apt. #, etc.		
22 City & State 23 Zip Country			27 City & State 28 Zip Country		
24			29		
25			30		
9. Name and Address of Current Registered Agent DAUBERT, CATHERINE 5201 75TH STREET NORTH ST. PETERSBURG FL 33709			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
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 <i>Cathy Daubert</i> Signature, typed or printed name of registered agent and title if applicable.			DATE <i>4/22/99</i> (NOTE: Registered Agent signature required when reinstating)		
12. OFFICERS AND DIRECTORS					
TITLE <i>President</i> <input type="checkbox"/> DELETE NAME <i>CATHERINE DAUBERT</i> STREET ADDRESS <i>5201 75th St N. St Pete FL</i> CITY-ST-ZIP <i>33709</i>					
TITLE <i>N/A</i> <input type="checkbox"/> DELETE NAME <i>N/A</i> STREET ADDRESS <i>N/A</i> CITY-ST-ZIP <i>N/A</i>					
TITLE <i>N/A</i> <input type="checkbox"/> DELETE NAME <i>N/A</i> STREET ADDRESS <i>N/A</i> CITY-ST-ZIP <i>N/A</i>					
TITLE <i>N/A</i> <input type="checkbox"/> DELETE NAME <i>N/A</i> STREET ADDRESS <i>N/A</i> CITY-ST-ZIP <i>N/A</i>					
TITLE <i>N/A</i> <input type="checkbox"/> DELETE NAME <i>N/A</i> STREET ADDRESS <i>N/A</i> CITY-ST-ZIP <i>N/A</i>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: *Cathy Daubert* **SIGNATURE REQUIRED** *4/4/99* *547-4838*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)