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**

DOCUMENT # D00000101102

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|---|---|
| Principal Place of Business | Mailing Address |
| 1001 NORTH UNIVERSITY DRIVE, SUITE B PEMBROKE PINES FL 33024 | 1001 NORTH UNIVERSITY DRIVE, SUITE B PEMBROKE PINES FL 33024 |

Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90022 021 ***150.00

| 2. Principal Place of Business 2a. Malling Address 2a | Principal Place | DE DISCOUNT TOWING, IF e of Business INVERSITY DRIVE. SUITE B | | | ITE 1 | В | 3. Date Incorporate 11/30/1998 | DO NOT WRIT | | | |
|--|------------------------|---|--------------------------|-------------------|---------|-----------|--|----------------|---------------|-----------|-------------|
| Suite, Apt. #, etc. 27 | 2. Principal P | lace of Business | 2a. Mailing Addre | ss | | | | 1/ | $\overline{}$ | App | plied For |
| State City & | 21 | | 26 | | _ | | Woo 1 | ed t | <i>Y</i> | No | Applicable |
| City & State City & State 28 | Suite, Apt. | #, etc. | | etc. | | | 5. Certifcate of Sta | atus Desired | | T | |
| 28 Zip Country Zip Country Zip Country St. This corporation was the current year intangible No. | | e | | | | | 6. Election Campa | ign Financing | П | \$5.00 | May Be |
| Section Sect | 23 | | | · | | · | Trust Fund Con | tribution | | Added to | Fees |
| 9. Name and Address of Current Registered Agent LEONARD, CARIA 1001 NORTH UNIVERSITY DRIVE, SUITE B PEMBROKE PINES FL 33024 182 Sireet Address (P.O. Box Number is Not Acceptable) 183 Sireet Address (P.O. Box Number is Not Acceptable) 184 City FL 85 Zip Code 185 City FL 85 Zip Code 186 City FL 85 Zip Code 187 City FL 85 Zip Code 187 City FL 85 Zip Code 188 Address (P.O. Box Number is Not Acceptable) 189 Address (P.O. Box Number is Not Acceptable) 180 Sireet Address (P.O. Box Number is Not Acceptable) 180 Sireet Address (P.O. Box Number is Not Acceptable) 181 City FL 85 Zip Code 182 City FL 85 Zip Code 183 City FL 85 Zip Code 184 City FL 85 Zip Code 185 City Inherity accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and an inherity agents agent a | | · · | <u> </u> | | intry | , | | | ent year Inta | | |
| LEONARD, CARLA 1001 NORTH UNIVERSITY DRIVE, SUITE B PEMBROKE PINES FL 33024 11. Pursuant to the provisions of Sactions 607 0502 and 607 1608, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's abound of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0506, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. | 24 | | | 30 | τ- | | | <u> </u> | aniatarad i | | L) NO |
| LEONARD, CARLA 1001 NORTH UNIVERSITY DRIVE, SUITE B PEMBROKE PINES FL 33024 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 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 1 | | 9. Name and Address of Curre | nt Registered Agent | | 81 | Name | 10. Name and Add | ILESS OF NEW K | egistered A | yen | —— <u>—</u> |
| 1001 NORTH UNIVERSITY DRIVE, SUITE B PEMBROKE PINES FL 33024 13. B4 City FL 85 Zip Code 14. 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 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, a manufacture with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 12. NAME 12. NAME 12. NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY ST. 2P 15. TITLE 10. THE CHANGE STORESS OFFICERS AND DIRECTORS IN 12. 14. CITY ST. 2P 15. TITLE 16. Change Addition 16. Addition 17. Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. TITLE 19. Change Addition 19. Addition 1 | LEON | ARD, CARLA | | | _ | <u> </u> | | | | | |
| PEMBROKE PINES FL 33024 83 64 City FL 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 and manufacture that official statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD ORLETE 1.1 TITLE OFRICARS AND DIRECTORS IN 12. 1.2 NAME STREET ADDRESS TITLE ORLETE 2.1 TITLE ORLETE 2.1 TITLE ORLETE 3.1 TITLE ORLETE 3.2 TITLE ORLETE 3.3 STREET ADDRESS CITY-ST-ZP TITLE ORLETE 3.1 TITLE ORLETE 3.1 TITLE ORLETE ORLETE 3.1 TITLE ORLETE ORLETE 3.1 TITLE ORLETE ORLETE 3.1 TITLE ORLETE ORLETE 3.2 TITLE ORLETE ORLETE 3.3 STREET ADDRESS CITY-ST-ZP ORLETE ORLETE 3.4 CITY-ST-ZP ORLETE ORLETE 3.4 CITY-ST-ZP ORLETE ORLETE 3.5 TITLE ORLETE ORLETE 3.4 CITY-ST-ZP ORLETE ORLETE 3.5 TITLE ORLETE ORLETE 3.5 TITLE ORLETE ORLETE 3.5 TITLE ORLETE ORLETE 3.5 TITLE ORLETE 3.5 TITLE ORLETE O | | | IITE B | | 82 | Street Ac | ddress (P.O. Box Number is Not Acceptable) | | | | |
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| ALONE OT TIP | CITY-ST-ZIP | | | | | | | | | | } |

14. 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 drustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #