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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S01948

(6)

FREDDY'S 76 TOWING, INC.

Principal Place of Business Mailing Address

AMAILING ADDRESS MAINING ADDRESS MAININ

2129 W 76TH ST 2129 W 76TH ST HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0286457 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 🔼 Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ALMODOVAR, JUSTO 2129 W. 76TH ST 82 Street Address (P.O. Box Number Is Not Acceptable) HIALEAH FL 33016 84 City Zip Code 85 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 Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE SMYRLES, JAMES J. 12 NAME NAME 5865 SW 119TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE **ALMODOVAR JUSTO** 2.2 NAME NAME 19301 NW 8 ST. 2.3 STREET ADDRESS STREET ADDRESS PEMBRÖKE PINES FL 33029 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition TITLE 31 TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 13 if dhanged, or off an attachment with an address.

De Almida Pro

TUSTO ALMODOVAR

4/21/98 (305)827-2292

FILED

Apr 27 1998 8:00am

Secretary of State

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