

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S48199** (1)

1. Corporation Name

A ACTION TOWING SERVICES, INC.

Principal Place of Business

**4301 N. DIXIE HWY
POMPANO BEACH FL 33064**

Mailing Address

**4301 N. DIXIE HWY
POMPANO BEACH FL 33064**



2. Principal Place of Business

2a. Mailing Address

21 **911 NW 209 AVE**

26 **911 NW 209 AVE**

22 Suite Apt. #, etc.

27 Suite Apt. #, etc.

23 **104**

28 **104**

24 **Pembroke Pines FL**

28 **Pembroke Pines FL**

25 **33029**

26 **BROWARD**

29 **33029**

30 **BROWARD**

9. Name and Address of Current Registered Agent

**CARNICELLA, ANGIE
4301 N. DIXIE HWY
POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified

04/26/1991

3a. Date of Last Report

07/13/1995

4. FEI Number

65-0239610

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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. I am familiar with, and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE

ANGIE CARNICELLA

Angie Carnicella

3/19/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PST
CARNICELLA, ANGIE
4301 NORTH DIXIE HIGHWAY
POMPANO BEACH FL 33064**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**V
CHACON, MICHAEL A
4301 NORTH DIXIE HIGHWAY
POMPANO BEACH FL 33064**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

Michael Chacon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

DATE

954-450-0012

DAYTIME PHONE

CR2E034 (12/95)