

2-10-97 B-1587 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

911 NW 209 AVE  
SUITE 104  
PEMBROKE PINES FL 33029  
US

Mailing Address

911 NW 209 AVE  
SUITE 104  
PEMBROKE PINES FL 33029-2112  
US

3. Date Incorporated or Qualified  
04/26/1991

3a. Date of Last Report  
04/12/1996

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
ANGELIQUE CARNICELLA  
82 Street Address (P.O. Box Number is Not Acceptable)  
911 NW 209 AVE #104  
83 City  
PEMBROKE PINES  
84 State  
FL  
85 Zip Code  
33029

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 agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PST	CARNICELLA, ANGIE	4301 NORTH DIXIE HIGHWAY	POMPANO BEACH FL 33064	<input type="checkbox"/>
V	CHACON, MICHAEL A	4301 NORTH DIXIE HIGHWAY	POMPANO BEACH FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DIRECTOR	JOSEPH A. CONDEMI	911 NW 209 AVE. #104	PEMBROKE PINES FL. 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PRES.	ANGELIQUE CARNICELLA	911 NW 209 AVE. #104	PEMBROKE PINES FL. 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.	MICHAEL A CHACON	911 NW 209 AVE. #104	PEMBROKE PINES FL. 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 officer 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH CONDEMI

Date Daytime Phone #

2/4/97

9544500042

CR2E034 (9/96)