## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S86597 (9)

FALCON TOWING OF SOUTH FLORIDA, INC.

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
10054 N.W. 46TH STREET SUNRISE FL 33351 US		10064 N.W. 46TH STREET SUNRISE FL 33351 US			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 10/10/1991
2. Principal Pla	2a. Mailing Address	ailing Address			4. FEI Number Applied For	
21		26				65-0321022 Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5 Cartificate of Status Desired Status Desired Status Desired
22		27			Fee Required	
City & State		City & State	۱۰۰۰- ۳۹			6. Election Campaign Financing \$5.00 May Be
Zip Country					Trust Fund Contribution	
24	25			ili y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
OWI	E <b>ns</b> by, wayne			81	Name	
4311 REFLECTIONS BOULEVARD			-	82	Street Addres	ess (P.O. Box Number is Not Acceptable)
	RTMENT 102					APT 101
SUN	IRISE FL 33351		[:	83		•
			ļ.	84	City	85 Zip Code
						FL 8 25 COO
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, byted or jainted name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling)  DATE						
12.	Signature, typied or printed haroc of registered agent OFFICERS AND	<del></del>	13.	Apen	i signature requirec	o when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	N/AB		11 111	LF		Change Addition
NAME	OWENSBY, WAYNE		1.2 NAME			
STREET ADDRESS 4311 REFLECTIONS BLVD APT		#102	13STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	SUNRISE FL		1.4 CiTY - ST		- ZIP	
TITLE	D	☐ DELETE	E 21 TITLE			Change Addition
NAME	OWENSBY, WAYNE	.=	2.2 NAME			
STREET ADDRESS	4311 REFLECTIONS BLVD., AF	'T #102	2 3 STREET ADDR		ADDRESS	
CITY-ST-ZIP	SUNRISE FL	Doruge	2 4 CHTY-ST-ZIP		T-ZIP	Change I defilies
TITLE		DELETE	31 111			☐ Change ☐ Addition
NAME DEPET ADDOCCO			3 2 NAI		ADDRECC	
STREET ADDRESS  CITY-ST-ZIP			3 3 STREET ADDRESS 3 4. CITY-ST-ZIP			
TITLE	DELETE			41 TITLE		☐ Change ☐ Addition
NAME		<del></del>	4 2 NA			_ , <u>_</u>
STREET ADDRESS			4 3 STF	REET A	address	
CITY-ST-ZIP	T-ZÍP		4 4 CIT	4 4 CITY-ST-ZIP		
TITLE	DELETE		51 TITI	51 TITLE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			53 STF	REET #	Address	
CITY-ST-ZIP			5 4 CIT		- ZIP	
TITLE		DELETE	61 TITI			Change Addition
NAME			6 2 NA			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP	artify that the information supplied wit	h this filing does not qualify fo	64 CIT or the exe			Section 119.07(3)(i), Florida Statutes, I further certify that the information

indicated on this annual report or supplier with this finding does not quality for the exemptor state in Section 175.07(3), florida Statutes. I mittel comply that the information indicated on this annual report or supplier ental 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.