

0087677

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S86597**
1. Corporation Name
FALCON TOWING OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
10054 N.W. 46TH STREET SUNRISE FL 33351 US	10054 N.W. 46TH STREET SUNRISE FL 33351 US

FILED
00 FEB -3 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
5331 NW 87AVE		5331 NW 87AVE		10/10/1991		65-0321022		<input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		N/A		\$8.75 Additional Fee Required	
N/A		N/A		6. Election Campaign Financing		N/A		\$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		N/A			
LAUDERHILL FL		LAUDERHILL FL		7. This corporation owes the current year				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Country		Intangible Personal Property					
33351		Broward		29		33351		30 Broward	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OWENSBY, WAYNE 4311 REFLECTIONS BOULEVARD APT 101 SUNRISE FL 33351		81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) N/A 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 607.0505, Florida Statutes.

SIGNATURE Wayne Owensby President 1/31/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PVST <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME OWENSBY, WAYNE		1.2 NAME	
STREET ADDRESS 4311 REFLECTIONS BLVD APT #102		1.3 STREET ADDRESS 5331 NW 87AVE	
CITY-ST-ZIP SUNRISE FL		1.4 CITY-ST-ZIP LAUDERHILL FL 33351	
D <input type="checkbox"/> DELETE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME OWENSBY, WAYNE		2.2 NAME	
STREET ADDRESS 4311 REFLECTIONS BLVD., APT #102		2.3 STREET ADDRESS	
CITY-ST-ZIP SUNRISE FL		2.4 CITY-ST-ZIP SAME	
<input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne Owensby President 1/31/00 954-741-9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

KE