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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	1 Con 11 10 10 10 10 10 10 10 10 10 10 10 10	DIVISION OF CORPORATIONS						
DOCUMENT # V01172			(8)						
SPEE	EDY GONZALEZ	TOWING, INC.							
Principal Place	of Business	Ma	iling Address					II OIDEL BEBLE BI	IMIE OEDEE MEDEE UNDE
8521 N.W. 11TH STREET PEMBROKE PINES FL 33024			8521 N.W. 11TH STREET PEMBROKE PINES FL 33024						
						3. Date Incorporated or Qualifies 12/19/1991	3a. Da	ate of Last F 01/23/1	,
	ace of Business	⊢ γ	Mailing Address			4. FEI Number 65-0302454		\vdash	Applied For
Suite, Apt.	# etc	26	Suite, Apt. #, etc.			05-0502454			Not Applicable 5 Additional
22		27	24.10, 14.11.11, 210.			5. Certificate of Status Desired			Required
City & State	9	28	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Zφ	·		Zip Country		i	8. This corporation has liability for		tax under s	, 199.032,
24	25	29 ress of Current Regist	ared Agent	30		Fiorida Statutes	es No	d Apont	
	g, Name and Add	ress of Corrett riegist	ered Agent	81	Name	(U. Name and Address of New	negistere	o Agent	
GONZ	ALEZ, GEORGE					dress (P.O. Box Number is Not Accept	able)		
8521 N.W. 11ST			82 Street Ac		Street Add	gress (F.O. Box Nomber is Not Accept	aule)		
PEMBI	ROKE PINE FL 3302	24		83	1				
				84	City			. 85 Z	ip Code
		7			L	pration submits this statement for the p	F	L	·
familiar wi	th, and accept the oblig	gations of, Section 607.0	0505, Florida Statutes איים איים איים אויים	,		ard of directors. Thereby accept the ap	DATE		o agent. I am
TITLE	T D	OFFICERS AND DIREC	TORS DELETE	13.		ADDITIONS/CHANGES TO O	FFICERS A		ORS IN 12 Addition
NAME	GONZALEZ, G	FORGE V		1 1 THUE 12 NAME				☐ Change	☐ Audition
STREET ADDRESS	8521 N.W. 117				F ADDRESS				
CITY-ST-ZIP	PEMBROKE PI			1.4 CITY=	į.				
TITLE			DELETE	2 1 TITLE		**************************************		☐ Change	Addition
NAME				2.2 NAME					
STREET ADDRESS					I ADDRESS				
C:TY-ST-Z:P TITLE			DELETE	2.4 C·TY - 3. 1 TITLE	ST - ZIF			☐ Change	Addition
NAME				3.2 NAME			•	☐ Change	[] Addition
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP				3.4.C-1Y	ĺ				
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NAME				4.2 NAME					
STREET ADDRESS					I ADDRESS				
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TITLE NAME			Douter	5 1 TITLE 5 2 NAME				☐ Change	Addition
STREET ADDRESS					LADDRESS				
CITY-ST-ZIP				5.4 CrTY -					
TITLE			☐ DELETE	6 1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6 3 STREE	I ADDRESS				
C!TY+ST-ZIP	Longita that the late or	otion constant at a	Alice in violate and	64 C/TY-		4-4-	0.07/0:23	Franklin Otto	4 16
certify that	t the information indical	ted on this annual report	, or supplemental ann	ual report is tr	ue and accur	for the exemption stated in Section 1: rate and that my signature shall have this report as required by Chapter 607.	ne same lec	gal effect as i	if made under

SIGNATURE: Ation Victorial PRINTED AND OFFICER OR DIRECTOR CORSE GONZA/24/9/96 305-337-719

CR2E034 (12/95)