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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V46575

CROSSTOWNE WRECKER SERVICE INC.

(9)

FILED Jan 22 1997 8:00 am Secretary of State



Principal Pra	ce of Business	Mailing Address		-						
212/214 NW 1ST AVE HALLANDALE FL 33009		212/214 NW 1ST AVE HALLANDALE FL 33009 US								
US		US				3. Date Incorporated or Qualified 06/24/1992		te of Last)5/1996	•	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For		
Suite, Apt. #, etc		26						Vot Applicable		
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required				
City & Sta	ale 	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for in			s. 199.032	
24	25	[29]	30				Yes [,	
	9. Name and Address of Curren	nt Hegistered Agent		81	Mana	10. Name and Address of New Rec	istered A	.geni		
MORALES ELSA M.				61	Name					
	14 GRANT STREET	Ī			Street Addr	dress (P.O. Box Number is Not Acceptable)				
HC	DLLYWOOD FL 33021			83						
			}	84	City			85 Zir	o Code	
			ľ		-	poration submits this statement for the pr	FL			
agent. I SIGNATURE	am familiar with, and accept the oblig	ations of, Section 607.0505, Fli	orida Stati	utes	. .	ion's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE			
TITLE	PD	DELETE	1.1 5/7	ı F		ADDITIONS/OFFANCES TO OFFIC	LIIO AND	Change		
NAME	ESCANDO'N, HARRY JR.		1,2 NA							
STREET ADDRESS			1.3 ST	REET	ADDRESS					
COTY-ST-ZIP	HOLLYWOOD FL		1.4 CIT	[Y-\$1	7-ZIP					
TITLE	STD	☐ DELEVE	2.1 1(1	LE				Change	Addition	
NAME	MORALES, ELSA M.		2.2 NA	ME	i					
STREET ADDRESS			2.3 STI	AEET	ADDRESS					
DITY-ST-ZIP	HOLLYWOOD FL	III belette	2. 4 CI		ST - ZIP			1 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE		DELETE	3.1 117					☐ Change	Addition	
NAME CTOCCT ADDOCSES			3.2 NA		IDDDCCC					
STREET ADDRESS					ADDRESS					
City-St-7iP Title		DELETE	3.4. CI 4.1 TIT		01-44			Change	Addition	
NAME		<u> </u>	4. 2 NA				,			
STREET ADDRESS	:				ADDRESS					
CITY-S1-7IP			4.4 CIT			·				
TITLE		☐ DELETE	5.1 TIT	LE				Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 STI	REET	ADDRESS					
CITY-ST-ZIP		T never	5.4 CIT	******	1 · ZIP	MINNEY				
TITLE		☐ DELETE	6.1 Yrt					☐ Change	Addition	
NAME BEREEF LERGES			6.2 NA							
STREET ADDRESS					ADDRESS	•				
C(TY - ST - ZIP			6.4 CIT	Y-SI	1-ZIP					

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

0516770