


<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>99 MAR 23 PM 4:19</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA																																																																																																																																																	
<b>DOCUMENT # V49267</b> 1. Corporation Name <b>SUPERIOR TOWING, INC.</b>																																																																																																																																																					
Principal Place of Business <b>4530 LENOX AVENUE</b> <b>JACKSONVILLE FL 32206</b>			Mailing Address <b>4530 LENOX AVENUE</b> <b>JACKSONVILLE FL 32206</b>																																																																																																																																																		
DO NOT WRITE IN THIS SPACE																																																																																																																																																					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country																																																																																																																																																					
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																																																																																																																					
3. Date Incorporated or Qualified <b>07/01/1992</b>																																																																																																																																																					
4. FEI Number <b>58-2002382</b>																																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																					
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																					
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																					
9. Name and Address of Current Registered Agent <b>SACK, MARTIN, JR.</b> <b>311 W DUVAL ST</b> <b>STE 203</b> <b>JACKSONVILLE FL 32202</b>			10. Name and Address of New Registered Agent 81 Name <b>MICHAEL C. DEL CAMPO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4059 BEVERLY AVE</b> 83 84 City <b>JACKSONVILLE</b> FL 85 Zip Code <b>32240</b>																																																																																																																																																		
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: <i>Michael C. Del Campo</i> DATE: <b>3-22-99</b> <small>(NOTE: Registered Agent signature required when resigning)</small>																																																																																																																																																					
<b>12. OFFICERS AND DIRECTORS</b>																																																																																																																																																					
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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, with all other like empowered.

SIGNATURE:

*Michael C. Del Campo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99

904-384-4000

CR2E034 (11/98)