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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # G7941	5 (7)			
TREMON	NT TOWING, INC.				
Principal Place of Business Mailing Add		Mailing Address		. I TRBSOLS ROOM CONTO WINCE WARRAN CHARL BINE	Middle Millige delbet Ordet Ordet Gibit robe
1916 BAY ROAD MIAMI BEACH FL 33139		1916 BAY ROAD MIAMI BEACH FL 33139-1418			
MIAMI BEAUTI	rt 33138	MINMI DENOTI FL 5313	&1410		
				3. Date Incorporated or Qualified 01/18/1984	3a. Date of Last Report 04/25/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc		Suite, Apt. #, etc.		59-2372354	Not Applicable
22] 27]			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State		City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 g. Name and Address of Curre	29 ent Registered Agent	[30]	Florida Statutes 10. Name and Address of New Re	Yes No
SWI	TKES, ROBERT L		81 Name	100	
% ROSEN & SWITKES 407 LINCOLN ROAD, PENTHOUSE SE			82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)
MIAI	MI BEACH FL 33139		83		
			84 City		85 Zip Code
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Sta	te of Florida. Such change w	as authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE	an iamiliar with, and accept the opi	gations or, section our took	, riorida otatotos.		
SIGNATURE	Signature, typed or printed name of registered a		(NOTE: Registered Agent signature requi	fred when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change
TITLE NAME	GONZALEZ, EDWIN F.	C OUTLIE	1.1 TITLE 1.2 NAME		El puende El voquobii
STREET ADDRESS	1916 BAY ROAD		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI BCH FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TOLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-ST-ZIP Title		DELETE	2, 4 CITY - ST - ZIP 3,1 TITLE		Change Addition
NAME		_ June 1	3.2 NAME		ET Avenilla ET Avenilla
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP THLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by cortify that the information suppl	ind with this filling does not a	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statute	is I further certify that the
informatic	ori indicated on this annual report o	r supplemental annual report	is true and accurate and tha	it my signature shall have the same lega	al effect as if made under oath; that
i am an o appears i	in Block 12 or Block 13 if changed,	or the receiver or trustee em or on an attachment with an	address.	ort as required by Chapter 607, Florida s	statutes, and that my name