

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 505168 (5)
1. Corporation Name
MORAN TOWING OF FLORIDA, INC.



Principal Place of Business Mailing Address
**9485 REGENCY SQ.BLVD.
NORTH REGENCY ONE,STE.460
JACKSONVILLE FL 32225**

3. Date Incorporated or Qualified **06/15/1976** 3a. Date of Last Report **01/23/1995**
4. FEI Number **52-1063733** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

g. Name and Address of Current Registered Agent

**PECK, DONALD J.
9485 REGENCY SQ.BLVD.
NORTH REGENCY ONE,STE.460
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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

Signature of the president or registered agent of the corporation

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EAVES, LARRY G.	
STREET ADDRESS	2300 HIGHWAY 365 #660	
CITY-ST-ZIP	NEDERLAND TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, LEE R	
STREET ADDRESS	TWO GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACLEOD, MALCOLM	
STREET ADDRESS	TWO GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARCHISOTTO, ALAN	
STREET ADDRESS	TWO GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PECK, DONALD J.	
STREET ADDRESS	9485 REGENCY SQ. #460	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	TREGURTHA, PAUL R.	
STREET ADDRESS	TWO GREENWICH PLAZA	
CITY-ST-ZIP	GREENWICH CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Donald J. Peck 1/25/96 (904) 721-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #

CR2E034 (12/95)