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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** .126712

(6)

TOTA	L TOWING CORP.									
Principal Plac	e of Business	Mailing Addres	SS			P (MUPTICE BILL TIBLE MILLS COND.) 1/2-			#11 #1#10 1 <b>0</b> #4	
5571 N.W. 84TH AVENUE 5571 N.W. 84TH AVENUE MIAMI FL 33166 MIAMI FL 33166										
•						3. Date Incorporated or Qualified	1	of Last Rep		
						07/30/1986	04	/27/199		
. Principal F	Place of Business	2a. Mailing Ad	dress			4. FEI Number			plied For	
		26				59-2726026			ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt.	Suite, Apl. #, etc.			5. Certificate of Status Desired		S8.75 Additional Fee Required		
City & Sta	ato .	City & Sta	te			6. Election Campaign Financing		\$5.00	May Be	
Oily & Sia	uo.	28				Trust Fund Contribution		Added		
Zφ	Country	Zip		Country	,	8. This corporation has liability for	intangible ta	k under s. 1	99.032,	
]	25					Florida Statutes				
	9. Name and Address of C		nt			10. Name and Address of New	Registered /	\gent		
				81	Name					
HEAGNEY, JOANNE 3950 S.W. 132ND AVE., C.B. 46 MIRAMAR FL 33027					Street Add	dress (P.O. Box Number is Not Acceptable)				
					City		FL	1 1	Code	
<ol> <li>Pursuan or regist familiar v</li> <li>SIGNATURE</li> </ol>						ration submits this statement for the pi and of directors. I hereby accept the ap	DATE -			
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF			T Addition	
IILF	DP	DP DELETE 1.					1	Change		
	HEAGNEY, JOANNE								L Rodition	
VAME				1.2 NAME	İ		<b>L</b>		LI ROUTION	
		46		-	t address		<b>L</b>		Routon	
STREET ADDRES	s 3950 SW 132 AVE C.B	46		-	T ADDRESS					
STREET AODRES CITY-ST-ZIP			DELETE	1.3 STREE	T ADDRESS S1-ZIP			Change	Addition	
STHEET ADDRES CITY+ST-ZIP TITLE	s 3950 SW 132 AVE C.B		DELETE	1.3 STREE 1.4 City-	T ADDRESS ST-ZIP			Change		
STHEET ADDRES CITY-ST-ZIP TITLE NAME	3950 SW 132 AVE C.B MIRAMAR FL		DELETE	1.3 STREE 1.4 CITY - 2. 1 TITLE 2.2 NAME	T ADDRESS ST-ZIP			Change		
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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 certify that I arn 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.

5 1 TITLE

5.2 NAME

6 I TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

THILE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

Davlime Phone #

Change

Addition

CR2E034 (12/95)