

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J26712** (6)  
1. Corporation Name  
**TOTAL TOWING CORP.**



Principal Place of Business <b>5571 N.W. 84TH AVENUE MIAMI FL 33166</b>	Mailing Address <b>5571 N.W. 84TH AVENUE MIAMI FL 33166-3334</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/30/1986</b>	3a. Date of Last Report <b>04/26/1996</b>
21		26		4. FEI Number <b>59-2726026</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HEAGNEY, JOANNE 3950 S.W. 132ND AVE., C.B. 46 MIRAMAR FL 33027</b>		10. Name and Address of New Registered Agent	
		81. Name <b>J. Heagney</b>	
		82. Street Address (P.O. Box Number is Not Acceptable) <b>5571 N.W. 84th Avenue</b>	
		83.	
		84. City <b>Miami</b>	85. Zip Code <b>FL 33166</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 *J. Heagney, President* **J. Heagney** DATE **4/9/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>DP</b>	1.1 TITLE <b>President</b>		
NAME <b>HEAGNEY, JOANNE</b>	1.2 NAME <b>J. Heagney</b>		
STREET ADDRESS <b>3950 SW 132 AVE C.B 46</b>	1.3 STREET ADDRESS <b>5571 N.W. 84th Avenue</b>		
CITY-ST-ZIP <b>MIRAMAR FL</b>	1.4 CITY-ST-ZIP <b>Miami, FL 33166</b>		
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	2.2 NAME		
NAME	2.3 STREET ADDRESS		
STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	3.1 TITLE		
<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	3.3 STREET ADDRESS		
NAME	3.4 CITY-ST-ZIP		
STREET ADDRESS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	4.2 NAME		
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	4.4 CITY-ST-ZIP		
NAME	5.1 TITLE		
STREET ADDRESS	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	5.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Heagney, President* **J. Heagney** DATE **4/9/97** (305) 477-7077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)