

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M92376 (6)
1. Corporation Name
FLORIDA TOWING COMPANY



Principal Place of Business % C T CORPORATION SYSTEM 1800 S. PINE ISLAND ROAD PLANTATION FL 33324 US	Mailing Address % C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324-4413 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1988	3a. Date of Last Report 02/12/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 65-0084612	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Director, Vice Pres., Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHRISTENSEN, LEE R.			1.2 NAME	Jeffrey J. McAulay		
STREET ADDRESS	2 GREENWICH PLAZA			1.3 STREET ADDRESS	Two Greenwich Plaza		
CITY-ST-ZIP	GREENWICH CT			1.4 CITY-ST-ZIP	Greenwich, CT 06830		
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACLEOD, MALCOLM W.			2.2 NAME			
STREET ADDRESS	2 GREENWICH PLAZA			2.3 STREET ADDRESS			
CITY-ST-ZIP	GREENWICH CT			2.4 CITY-ST-ZIP			
TITLE	SGC	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARCHISOTTO, ALAN			3.2 NAME			
STREET ADDRESS	2 GREENWICH PLAZA			3.3 STREET ADDRESS			
CITY-ST-ZIP	GREENWICH CT			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORAN, EDMOND J JR			4.2 NAME			
STREET ADDRESS	1615 THAMES STR, BLDG B			4.3 STREET ADDRESS			
CITY-ST-ZIP	BALTIMORE MD			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 supplement to 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 recorder 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

SIGNATURE

3/3/97

203 625-7846

CR2E034 (9/96)