


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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P32176** (0)
1. Corporation Name
NMI TOWING CO.



Principal Place of Business 1515 POYDRAS ST SUITE 1500 BOX 52189 NEW ORLEANS LA 70152-2189 US	Mailing Address 1515 POYDRAS ST SUITE 1500 BOX 52189 NEW ORLEANS LA 70152-2189 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1990	
21		26		4. FEI Number 25-1241814	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

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
85	Zip Code

FL

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERONA, D.J.	1.2 NAME	
STREET ADDRESS	1515 POYDRAS STR, STE 1500	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEGHER, R.W.	2.2 NAME	
STREET ADDRESS	1515 POYDRAS STR, STE 1500	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGSTAFF, D. III	3.2 NAME	
STREET ADDRESS	1515 POYDRAS STR, STE 1500	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADATOVICH, STEPHEN J.	4.2 NAME	
STREET ADDRESS	1515 POYDRAS ST, SUITE 1500	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORENZA, JAMES M.	5.2 NAME	
STREET ADDRESS	1515 POYDRAS ST STE 1500	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULVIHILL, JOHN W	6.2 NAME	
STREET ADDRESS	1515 POYDRAS ST., STE 1500	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA	6.4 CITY-ST-ZIP	

14. I 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: *James M. Fiorenza* **JAMES M. FIORENZA** 1/5/98 (FED. EXP. REC.)

CR2E034 (10/97)