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

Mailing Address 225 S U.S. HWY 1

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

225 \$ U.S. HWY 1



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200006622 (4)

JOE'S TROPIC TOWING, INC.

FT PIERCE FL 34950 FT PIERCE FL 34950-4215 3a. Date of Last Report 3. Date Incorporated or Qualified 11/19/1992 05/01/1996 Applied For 2. Principal Place of Business 2e. Mailing Address 4. FEI Number 65-0386228 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SICKLER, JOE 225 S U.S. HWY 1 82 Street Address (P.O. Box Number is Not Acceptable) FT PIERCE FL 34950 83 Zip Code 84 City 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 Signerare, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE SICKLER, JOE 1.2 NAME NAME 225 S US HWY 1 STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE FL 34950 CHTY - SY - ZIP 1.4 CITY - ST - ZIP Change Addition DELETE TITLE 21 TITLE HEMINGWAY, PAUL NAME 2.2 NAME 225 S US HWY 1 STREET ADDRESS 2.3 STREET ADDRESS FT PIERCE FL 34950 CITY - ST - ZIP 2. 4 CITY - ST - ZIP Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 3.4. 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5 4 City-St-ZiP

4.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHY-51-7/F

CHIY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

DUE GUTBFA) 4 F. Sicklen 3/31/97 (541) 464-8030

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 07 1997 8:00am

Secretary of State