SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037137 (4)

1. Corporation Name

ALOHA TOWING SERVICES, INC.

Principal Place of Business	Mailing Address
3215 S. ANDREWS AVE. FT. LAUDERDALE FL 33316	3215 S. ANDREWS AVE. FT. LAUDERDALE FL 33316

2. Principal Place of Business: 21 1337 N.E. 12th Ave
Suite, Apt. #, etc: 22
City & State: 23 Fort Lauderdale, Fla.
Zip: 24 33304 Country: 25 U.S.A.

2a. Mailing Address: 26 1639 North Dixie Hwy.
Suite, Apt. #, etc: 27
City & State: 28 Fort Lauderdale, Fla.
Zip: 29 33305 Country: 30 U.S.A.

3. Date Incorporated or Qualified: **05/11/1994**
3a. Date of Last Report: **08/25/1995**
4. FEI Number: **65-0557903** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

TRIMM, EDWARD P
3215 S. ANDREWS AVE.
FT. LAUDERDALE FL 33316

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

TITLE	P	☐ DELETE
NAME	TRIMM, EDWARD P	
STREET ADDRESS	3215 S. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	ST	☐ DELETE
NAME	WATKINS, ROBERT E JR.	
STREET ADDRESS	3215 S. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	☑ Change ☐ Addition
1.2 NAME	Trimm, Edward P.	
1.3 STREET ADDRESS	1639 North Dixie Highway	
1.4 CITY-ST-ZIP	Fort Lauderdale, Fla. 33305	
2.1 TITLE	ST.	☑ Change ☐ Addition
2.2 NAME	Watkins Robert E. Jr.	
2.3 STREET ADDRESS	1639 North Dixie Highway	
2.4 CITY-ST-ZIP	Fort Lauderdale, Fla. 33305	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***375.00

CR2E034 (3/96)

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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward P. Trimm 8-20-96 (954) 832-0019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Edward P. Trimm