

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000093027 (7)

1. Corporation Name

AMERICAN TOWING & TRANSPORT, INC.



Principal Place of Business

897 SW WOOD CREEK DRIVE
PALM CITY FL 34990

Mailing Address

897 SW WOOD CREEK DRIVE
PALM CITY FL 34990

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

ALLEN, WARREN
897 SW WOOD CREEK DRIVE
PALM CITY FL 34990

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.05(2) 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 607.08(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	ALLEN, WARREN	
STREET ADDRESS	897 SW WOOD CREEK DRIVE	
CITY-STATE-ZIP	PALM CITY FL 34990	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	[] Change [] Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	[] Change [] Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	[] Change [] Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	[] Change [] Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	[] Change [] Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	[] Change [] Addition

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)(k), Florida Statutes. I further certify that the information included 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 registered 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. I changed or corrected an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/96 (407)
893-8555
Date of Filing

CR2E034 (12/95)