


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90127 067 ***150.00

05-03-1999 90127 068 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000025283

1. Corporation Name

BRIDGE TOWING, INC.

Principal Place of Business

 2511 NW 1ST AVE
 BOCA RATON FL 33432
 US

Mailing Address

 2645 NORTHWEST 1ST AVENUE
 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

65-0780031

Applied For

☒ Not Applicable5. 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **TERESA J. TRAXLER**

82 Street Address (P.O. Box Number is Not Acceptable)

1194 SW 23RD AVE

83

84 City **BOYNTON BCH.****FL**85 Zip Code **33426**

2. Principal Place of Business

21 **2559 Webb Ave.**

Suite, Apt. #, etc.

22 **H 5**

City & State

23 **DELRAY BCH FL.**

Zip

24 **33444**

Country

25 **PALM BCH**

2a. Mailing Address

26 **2559 Webb Ave.**

Suite, Apt. #, etc.

27 **H 5**

City & State

28 **DELRAY BCH FL.**

Zip

29 **33444**

Country

30 **PALM BCH.**

9. Name and Address of Current Registered Agent

SQUEID, MIKE
2645 NORTHWEST 1ST AVENUE
BOCA RATON FL 33432

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

TERESA J. TRAXLER**P/S [Signature]****4/23/99**

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE
 NAME **P SQUEID, MIKE**
 STREET ADDRESS **2511 NW 1ST AVE**
 CITY-ST-ZIP **BOCA RATON FL 33432**
1.2 NAME ☐ DELETE
 STREET ADDRESS
 CITY-ST-ZIP
1.3 NAME ☐ DELETE
 STREET ADDRESS
 CITY-ST-ZIP
1.4 NAME ☐ DELETE
 STREET ADDRESS
 CITY-ST-ZIP
1.5 NAME ☐ DELETE
 STREET ADDRESS
 CITY-ST-ZIP
1.6 NAME ☐ DELETE
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 NAME **P/S TERESA J. TRAXLER**
 STREET ADDRESS **1194 SW 23RD AVE.**
 CITY-ST-ZIP **BOYNTON BCH, FL 33426**
2.1 TITLE ☒ Change ☐ Addition
 NAME **W.T. ROBERT G. TRAXLER**
 STREET ADDRESS **5236 INWOOD OR**
 CITY-ST-ZIP **DELRAY BCH, FL 33484**
3.1 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(f), 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, with all other like empowered.

SIGNATURE:

TERESA J. TRAXLER **4/23/99** **561-265-2112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-850-487-6059 ②

CR2E034 (11/98)