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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052611

1. Corporation Name
ACME TOWERS INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4830 W KENNEDY BLVD
SUITE 340 ONE URBAN CENTER
TAMPA FL 33609
US

Mailing Address

PO BOX 29
TAMPA FL 33601
US

3. Date Incorporated or Qualified

06/06/1997

4. FEI Number

59-3456362

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

9. Name and Address of Current Registered Agent

NETZER, EVIN L
ONE BARNETT PLAZA
101 E. KENNEDY BLVD., SUITE 3200
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name Wm. Todd Lax, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
4830 W. Kennedy Blvd.
83 Suite 340
84 City Tampa FL 85 Zip Code 33609

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 NAME STREET ADDRESS CITY-ST-ZIP
P BARILE, JOSEPH K 120 BARDABOS AVENUE TAMPA FL 33606
[DELETED]
[DELETED]
[DELETED]
[DELETED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE . President [Change] [Addition]
1.2 NAME J. Kevin Barile
1.3 STREET ADDRESS 4830 W. Kennedy Blvd., Suite 340
1.4 CITY-ST-ZIP Tampa, FL 33609
2.1 TITLE [Change] [Addition]
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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

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, with all other like empowered.

SIGNATURE: Karen Molina, Treasurer
SIGNATURE REQUIRED Karen Molina 3/26/99 813/258-2588
Date Daytime Phone #

CR2E034 (1/198)