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CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 837751** 

(7)

**FILED** Apr 09 1997 8:00am Secretary of State

TOWER FASTENERS CO., INC.  Principal Piace of Business Mailing Address  1690 OCEAN AVENUE 1690 OCEAN AVENUE HOLTSVILLE. NY. 11742-1639								
					3. Date Incorporated or Qualified 01/26/1977		ate of Last F 3/15/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			11-2143620			ot Applicable
Suite, Apt 22		Suite, Apt. #, etc	3.		5. Certificate of Status Desired			Additional equired
City & Stat	te	City & State			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			May Be to Fees
7 <sub>(P)</sub>	Country 25	Zip 29	30 Co	untry	This corporation has liability to Florida Statutes	r intangible Ves		s. 199.032,
	9. Name and Address of Cur				10. Name and Address of New F	Registered	Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301				82 Street / 83	Address (P.O. Box Number is Not Accept	able)	B5 Zip	Code
·						APPONTING O	of chancing :	its registered
11. Pursuant office or r agent 1 a SIGNATURE	to the provisions of Soctions 607.0 registered agent, or both, in the St inn familiar with, and accept the ob- Signature, typed or partied name of registered				corporation submits this statement for the location's board of directors. I hereby acc required when reinstang)	parte parte	pointment as	s registered
SIGNATURI	Signature, typical or painted name of registered OFFICERS	agent and title if applicable AND DIRECTORS	(NOTE: Register	ed Agent signature		DATE	D DIRECTO	RS IN 12
SIGNATURE  12.  THE	Signature, typed or jained name of registered OFFICERS	agent and title if applicable	(NOTE: Register 13 E 1.1	ed Agent signature •	required when reinstating)	DATE		RS IN 12
SIGNATURE  12. THE NAME	Signature, typied or ja ried name of registered OFFICERS PD SHANNON, THOMAS J.	agent and life if applicable AND DIRECTORS DELET	(NOTE: Register  13  E 1.1	ed Agent signature • TITLE NAME	required when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS	Signature, typied or partied name of registered OFFICERS PD SHANNON, THOMAS J. RUTH ROAD EXT PVT RD	agent and life if applicable AND DIRECTORS DELET	(NOTE: Register 13 E 1.1 1.2   1.3 :	ed Agent signature  TITLE  NAME  STREET ADDRESS	required when reinstating)	DATE	D DIRECTO	RS IN 12
SIGNATURE  12. THEE NAME SIBEET ACORESS CITY: ST-20"	Signature, typied or partied failing of registered OFFICERS  PD SHANNON, THOMAS J. RUTH ROAD EXT PVT RD MATTITUCK NY	l agent and talk if applicable AND DIRECTORS  DELET	(NOTE: Register 13 E 1.1 1.21 1.3:	ed Agent signature  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	required when reinstating)	DATE	D DIRECTO Change	RS IN 12
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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 fam 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 all attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

0006261