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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #

1. Corporation Name

F92000000491 (2)

TOWS, INC. (DELAWARE CORP.)

302 FOURTH AVENUE TAMPA R. 38875 1302 FOURTH AVENUE TAMPA R. 38875 3. Date Incorporated or Qualified 3a. Date of Least Report								
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24 3 3 6 5 5 5 5 5 5 5 5 5	City & State 23 Country		<u></u> , ′					
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0002 and 607.1508. Floridal Statutes, the above named corporation submits this statement for the purpose of changing its registered or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or otherwise of was interested agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or otherwise of was interested agent, or otherwise of was interested by the corporation's board of directors. I hereby accept the appointment as registered agent, or otherwise of was interested agent, or otherwise of was interested agent, or otherwise of was interested agent a						Country		8. This corporation has liability for intangible tax under s 199.032,
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 87 Zip Code 88 Zip Code	24		<u> </u>			[30]		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		a, manie and radices of Carrer	it nogia	nered Agent		81	Name	TO. Haine and Address Of New Registered Agent
1200 SOUTH PINE ISLAND ROAD 183324 883 884 City	C T CORPORATION SYSTEM						1	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the showen-amed corporation submits this statement for the purpose of changing its 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 statement to the provisions of Section 607.0505, Florida Statutes, the showen-amed corporation's board of directors. I hereby accept the appointment as registered agent. I statement to the purpose of changing its registered agent. I statement to change its registe	1200 \$0	UTH PINE ISLAND ROAD				82	Street Add	uress (r.O. Box Nurriber is Not Acceptable)
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or rigistrico agent, or both, in the State of Fioria. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I statistic with, and accept the obligations of, Section 607 5005, Trionia Statutes. SIGNATURE 12.	11. Pursuant to	o the provisions of Sections 607,0502	and 60	7.1508, Florida Statute	s. the ab	JOVE-I	named coroc	Oration submits this statement for the purpose of changing its registered office
SIGNATURE Signature Si	or registere familiar wit	ed agent, or both, in the State of Florion, and accept the obligations of, Sect	da. S uchion 6 07.	n change was authorizi .0505, Florida Statutes	ed by the	corp	oration's boa	ard of directors. I hereby accept the appointment as registered agent. I am
12	SIGNATURE							
DELETE		· ··-· · · · · · · · · · · · · · · ·					nt signature requir	
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STREET ADDRESS 63 STREET ADDRESS								
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 furth		certify that the information survived	with this	filing is valuatarily free				for the exemption stated in Section 110 07/2/// Florida Statutes 14 -4-

AME OF SIGNING OFFICER OR DIRECTOR

Daytinie Phone #