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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9200000491

TOWS, INC. (DELAWARE CORP.)

Principal Place of Business		Mailing Address										
3102 FOURTH AVENUE		3102 FOURTH AVENUE										
TAMPA FL 33605 US		TAMPA FL 33605 US			'	DO NOT WRITE IN THIS SPACE						
US		US				3. D	ate Incorporate					
							2/02/1992	,				- }
2 Principal Pl	ace of Business	2a. Mailing Address					El Number				Applied For	$\dashv$
21	<b>400</b> 0. <b>4</b> 0	26					9-3133866				Not Applicab	le
Suite, Apt.	#. etc.	Suite, Apt. #, etc.								\$8.75	Additional	$\neg$
22		27	<del>-</del>			5. C	ertifcate of Sta	itus Desired		Fee	Required	_
City & State		City & State.				E	lection Campa	ign Financing~		\$5.0	O:May:Be -	-= -
23		28				1	rust Fund Cont				d to Fees	
Zip	Country	Zip				8. TI	his corporation	owes the curre	nt year Int	angible	-	
24	25	29	30				ersonal Proper			Yes	□No	
<u></u> -	9. Name and Address of Curren	nt Registered Agent				10. N	lame and Add	ress of New R	gistered .	Agent		
				81	Name							
CT	CORPORATION SYSTEM			82	Stroot A	Address /P O	Roy Number	is Not Acceptat	ale)		·	
1200	SOUTH PINE ISLAND ROAD			62	Street	Address (r.Q	. Box (4dilibe)	is receptat	2107			
PLAN	NTATION FL 33324			83					_			٦
											- Cada	
				84	City				FL	85  Zi	p Code	{
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office or re agent. I as SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligations of the obligation	of Florida. Such change was ations of, Section 607.0505, Fl	authorized orida Stati E: Registered	i by thutes.	he corpo	equired when reins	d of directors.	I nereby accept	DATE		registered	<del>,</del> –
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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 shanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE