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

H99112 **DOCUMENT #**

(5)

TOWER ERECTORS, INC.

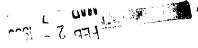
Principal Place of Business

7491 W. OAKLAND PK. **SUIE 302**

NAME

P.O. BOX 16161 PLANTATION FL 33318

Mailing Address







FLU 2 5 1850

LAUDERHILL FL 33319							3. Date Incorporated or Qualified 3a. Date of Last Rep				
								 Date Incorporated or Qualified 02/13/1986 	3a. Da	08/25/1995	
2	Principal Place of Bus	siness	2a.	Mailing Addres	s			4. FEI Number	L <u>_</u>	Applied Fo)r
21			26	6			59-2643812 Not Applicable			able	
	Suite, Apt. #, etc. 22 City & State			Suite, Apt. #, etc.				5. Certificate of Status Dosired S8.75 Additional Fee Required			
22				City & State		I		Election Campaign Financing Trust Fund Contribution		\$5.00 May B Added to Fees	•
23	Zip	Country	28	Zip	Cou	itry		8. This corporation has liability for Florida Statutes Yes	intangible No	tax under s 199.032	,
24	n No.	25		tered Agent	1301			10. Name and Address of New I	Registere	d Agent	
Name and Address of Current Registered Agent BORCHETTA, GLENN						81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
501 W TROPICAL WAY PLANTATION FL 33317						63					
						84	•	ration rubmits this eleterment for the nu	F	85 Zip Code	office

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 officer 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	gruitore, typied or printed name of registered agent and trit		E. Registered Agent's greature	rogured when renstating	DATE		
12.	OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
II*LE	D	DELETE	1. 1 TITLE		Change 🔲 Addition		
NAME	BORCHETTA, GLENN		1.2 NAME	Glenn Borchette	PK 18140		
STREET ADDRESS	2621 N.W. 62ND TERR.		13 STREET ADDRESS	THAI W. OAKIAD	#302		
CITY-S1-ZIP	SUNRISE FL		14 CITY - \$1 - 7IP	rack-hil to 35347			
TITLE		☐ DELETE	2 1 TITL€		Change C Addition		
NAME			2 2 NAME				
STREET ACOURESS			2 3 STREET ADDRESS				
CITY-ST-ZIP			2.4 C-TY-ST-ZIF				
TILLE		☐ DELETE	3 : TITLE		Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			3/3 STHEFT ACCRESS				

3 4 CiTY - ST - ZIF City-ST-7-P Change Addition DELETE 4 1 1:TLE TITLE 4.2 NAME 4.3 STREET ACCORESS STREET ADDRESS 4 4 CITY - ST- ZIP DITY-ST-ZIP Change Addition DELETE 5 1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6 1 TITLE THE 62 NAME

6.3 STREET ADDRESS STREET ADDRESS 64 CITY ST-7-P 14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 13 if changed, or on an attachment with an address. CITY - ST-ZIP

SIGNATURE:

Daytime Phone #

CR2E034 (12/95)