

FILE NOW: FILING FEE AFTER MAY 1 IS \$554.00

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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. McDaniel
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K15510 (6)

1. Corporation Name
TOW TOO MEE, INC.

Principal Place of Business
6945-C BONNY DALE DR.
WEST MELBOURNE FL 32904

Mailing Address
6945-C BONNY DALE DR.
WEST MELBOURNE FL 32904-2251



3. Date Incorporated or Qualified 02/17/1988
3a. Date of Last Report 04/09/1996

| | | | |
|--------------------------------|---------------------|---------------------------------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-3263247 | Applied For |
| 21 | 26 | | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 | 27 | | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 | 28 | | |
| Zip | Zip | Country | Country |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

TRADER, J. RUDI
903 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

| | |
|----|----------------------------------------------------|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------|-------------------------------------------------------|-----------------|
| TITLE | NAME | 1.1 TITLE | Change Addition |
| NAME | STREET ADDRESS | 1.2 NAME | |
| CITY-ST-ZIP | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| TITLE | NAME | 2.1 TITLE | Change Addition |
| NAME | STREET ADDRESS | 2.2 NAME | |
| CITY-ST-ZIP | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | 3.1 TITLE | Change Addition |
| NAME | STREET ADDRESS | 3.2 NAME | |
| CITY-ST-ZIP | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | Change Addition |
| NAME | STREET ADDRESS | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | Change Addition |
| NAME | STREET ADDRESS | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | Change Addition |
| NAME | STREET ADDRESS | 6.2 NAME | |
| CITY-ST-ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. 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 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.

SIGNATURE:

Dennis M. McCarthy

2/17/97 407-729-6331

Date Daytime Phone # 0100776

CR2E034 (9/96)