

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Secretary of State

03-01-1999 90013 036 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K31646

1. Corporation Name
TOWER MANAGEMENT SERVICES, INC.



Principal Place of Business: **CLEMENTE J. DELATORRE**
 % CLEMENTE L. DELATORRE
 11125 N.W. 62ND AVE
 HIALEAH FL 33012

Mailing Address: **CLEMENTE J. DELATORRE**
 % CLEMENTE L. DELATORRE
 11125 N.W. 62ND AVE
 HIALEAH FL 33012
 -US.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **900 W. 49TH ST.**
 Suite, Apt. #, etc. **220**
 22
 City & State **23 HIALEAH, FL.**
 Zip **24 33012** Country **25**

2a. Mailing Address
 26
 Suite, Apt. #, etc. **27**
 City & State **28**
 Zip **29** Country **30**

3. Date Incorporated or Qualified
08/24/1988

4. FEI Number
65-0067907 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CLEMENTE, CLEMENTE J
11125 NW 62ND AVE
HIALEAH FL 33012
900 W. 49 ST. SUITE 220
HIALEAH, FL. 33012

10. Name and Address of New Registered Agent
 81 Name **CLEMENTE J. DELATORRE**
 82 Street Address (P.O. Box Number is Not Acceptable) **900 W. 49TH ST. SUITE 220**
 83 **HIALEAH,**
 84 City **FL** 85 Zip Code **33012**

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

TITLE	STD	<input type="checkbox"/> DELETE
NAME	DELATORRE, MAGALY	
STREET ADDRESS	11125 N.W. 62ND AVE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	P/D. DELATORRE, CLEMENTE J.	<input type="checkbox"/> DELETE
NAME	11125 N.W. 62 AVE.	
STREET ADDRESS	HIALEAH, FL, 33012	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CLEMENTE J. DELATORRE, RESIDENT.** Date: **1-28-99** (305) 821-7668
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)