## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. • AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P93000022347 (7)

TOWER CONNECTION, INC.

Principal Place of Business Mailing Address	1314 E. CAPE CORAL PKWY.	1314 E. CAPE CORAL PKWY.
	Principal Place of Business	Mailing Address

FILED
Aug 15 1996 8:00 am
Secretary of State

|--|--|

1314 E. CAPE CORAL PKWY. 1314 E. CAPE CORAL FL CAPE CORAL FL 33904 CAPE CORAL FL 33904			KWY.		Date Incorporated or Qualified	3a. Date of Last Report
					03/24/1993	07/31/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					65-0401641	Not Applicable
Suite, Apt #, etc. Suite, Apt #, etc. 27				5. Certificate of Status Desired S8.75 Additional Fee Required		
	City & State City & State 28				Election Campaign Financing     Trust Furid Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip <b>29</b>	Count 30	ry	This corporation has liability for intangible tax under s. 199 032     Florida Statutes Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	gistered Agent
DCI	ANOE WALTED		8	1 Name		
_ 131	AHOF, WALTER 4 E. CAPE CORAL PARKWAY PE CORAL FL 33904		В		ress (P.O. Box Number is Not Acceptabl	မ)
·	E COINE I E COOUT		8	3		
			8	4 City		FL 85 Zip Code
office or re agent. Lar SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli-	te of Florida, Such change was gations of, Section 607 0505, Fi	authorized b orida Statute	y the corporati s	oration submits this statement for the pulon's board of directors. Thereby accept	the appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	·····
TITLE	DPST	DELETE	1   TITLE	'		Change Addition
NAME	SCHUMACHER, HOLGER		1.2 NAM	E		
STREET ADDRESS	1314 E. CAPE CORAL PKW	ľΥ.	13 STRE	EL ADOPESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY 2.1 T.TU	t_		Change Addition
TITLE	VP			į	Change Add	
NAME	REMHOF, WALTER	n.	2.2 NAM			
STREET ADDRESS	1314 E. CAPE CORAL PKW CAPE CORAL FL 33904	и.		ET ADDRESS - ST-ZIP		
CITY-ST-ZIP TITLE	CAPE CUMPLE PL 33804	DELETE	3 1 TITLI		Change Addition	
NAME			3 2 NAM			
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP				GST ZIP		
TITLE		DELETE	4 1 TO L	<del></del>		Change Addition
NAME			4 2 NAN	ME		
STREET ADDRESS			4.3 STR	ET ADDRESS		
CITY-ST-ZIP				-ST-7IP	<del></del>	
TITLE		DELETE	5 1 TITE	1		Change Addition
NAME			5.2 NAM			
STREET ADDRESS				ET ADDRESS		
Cify-ST-ZIP		Delese		- S1 - ZIP		Ghange Addition
TITLE		DELETE	6 1 TrTL	į	80000192 -08/15/960101	
NAME			6.2 NAM	_	-08/15/960101	[51305
STREET ADDRESS				ET ADDRESS	***225.00	
CITY-ST ZIP			6 4 CITY	-S1 - ZIP		10.07(2)VIA Flavedo Chatelea I

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes: I further certify that the information indicated on this armical report or supplemental armial report is true and accurate and that ny signature shall have the same legal effect as a made under oath, that I am anofficer or director of the corporation or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NAVORE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR

8/12/96

65 8/15/96