

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 11:10:39

DOCUMENT # P94000063230 (4)

1. Corporation Name
TOWER MARINE, INC.

Principal Place of Business Mailing Address
984 W. PROSPECT RD. 984 W. PROSPECT RD.
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/26/1994** 3a. Date of Last Report

2. Principal Place of Business 2b. Mailing Address
 21 **1061 N.W. 53RD ST** 26 **1061 NW 53RD ST**
 Suite, Apt. #, etc Suite, Apt. #, etc
 22
 23 **Ft. LAUDERDALE FL** 27 **Ft. LAUDERDALE FL**
 City & State City & State
 24 **33309** 25 **Broward** 28 **33309** 30 **Broward**
 Zip County Zip County

4. FEI Number **65-0515605** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
POWERS, ELTON
984 W. PROSPECT RD.
FT. LAUDERDALE FL 33309

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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (Not Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
 TITLE **D**
 NAME **POWERS, ELTON**
 STREET ADDRESS **984 W. PROSPECT RD.**
 CITY ST ZIP **FT. LAUDERDALE FL 33309**

13. **POWER, ELTON D/P** Change Addition
 11 TITLE **Power, ELTON D/P**
 12 NAME **1061 W. Prospect Rd**
 13 STREET ADDRESS **Ft. LAUDERDALE, FL 33309**
 14 CITY ST ZIP
 21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY ST ZIP
 31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY ST ZIP
 41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY ST ZIP
 51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY ST ZIP
 61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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: **Elton W Powers**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFYING OFFICER OR DIRECTOR

CR2E034 (3/95)