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FILED
Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000077020 (3)

1. Corporation Name
TOWER MANUFACTURING, INC.



Principal Place of Business
4576 N. HIATUS ROAD
SUNRISE FL 33351

Mailing Address
4576 N. HIATUS ROAD
SUNRISE FL 33351-7908

3. Date Incorporated or Qualified 10/20/1994
3a. Date of Last Report 03/15/1996

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip Country
24 25
2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip Country
29 30

4. FEI Number 65-0528965
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANGERT, MARK L
2021 E. COMMERCIAL BLVD.
STE. 304
FT. LAUDERDALE FL 33308

81 Name Howard Frank
82 Street Address (P.O. Box Number is Not Acceptable) 4576 N. HIATUS Rd.
83
84 City SUNRISE FL 85 Zip Code 33351

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.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows and 2 columns: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

Table with 12 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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 of this report, or on an attachment with an address.

SIGNATURE: [Signature] REQUIRED Date Daytime Phone #

CR2E034 (9/96)