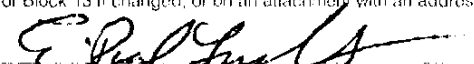


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 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 # P96000010821 (2) 1. Corporation Name NETWORK TOWERS, INC.			
Principal Place of Business 216 S. TARAGONA ST., STE. 216-C PENSACOLA FL 32501		Mailing Address 216 S. TARAGONA ST., STE. 216-C PENSACOLA FL 32501-6033	
2. Principal Place of Business 21 41 N. JEFFERSON ST. Suite, Apt. #, etc. 22 SUITE 101 City & State 23 PENSACOLA, FL 32501 Zip 24 32501-5644 Country 25 USA		2a. Mailing Address 26 41 N. JEFFERSON ST. Suite, Apt. #, etc. 27 SUITE 101 City & State 28 PENSACOLA, FL Zip 29 32501-5644 Country 30 USA	
9. Name and Address of Current Registered Agent LOZIER, DANIEL 125 W. ROMANA ST., STE. 222 PENSACOLA FL 32501		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 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 Signature typed or printed name of registered agent and state (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. PIERRE, ROB 216 S. TARAGONA ST., STE. 216-C PENSACOLA FL 32501 ☐ DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDRY, ERIC 216 S. TARAGONA ST., STE. 216-C PENSACOLA FL 32501 ☐ DELETE	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY-ST-ZIP	☐ Change ☐ 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 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		5-1-97 904-434-9095	



CR2E034 (9/96)