

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P96000094121**

Corporation Name

**TOWER EAGLE COMPUTERS, INC.**

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90005 020 \*\*\*550.00



Principal Place of Business  
**6 N SR 7  
MARGATE FL 33063**

Mailing Address  
**2456 N SR 7  
MARGATE FL 33063  
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
25		26		11/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		65-0720845	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	29	29	30		

9. Name and Address of Current Registered Agent

**TORREALBA, FELIPE  
6421 MALLARDS LANE  
COCONUT CREEK FL 33073**

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ET ADDRESS	PD TORREALBA, FELIPE	<input type="checkbox"/> DELETE
ST-ZIP	2456 N SR 7 MARGATE FL 33063	
ET ADDRESS	VP PIETRI, LUIS	<input type="checkbox"/> DELETE
ST-ZIP	2456 N SR 7 MARGATE FL 33063	
ET ADDRESS	STD PIETRI, LUIS	<input type="checkbox"/> DELETE
ST-ZIP	2456 N SR 7 MARGATE FL 33063	
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ET ADDRESS		<input type="checkbox"/> DELETE
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	

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.

GNATURE:

**SIGNATURE REQUIRED**

09/09/99 954-984-1966

CR2E034 (5/99)