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Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000057585 (6)**

1. Corporation Name
WESTON TOWERS INC.



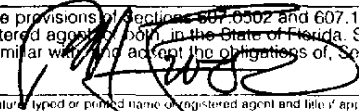
Principal Place of Business 2455 E. SUNRISE BLVD., STE. 312 FT. LAUDERDALE FL 33304	Mailing Address 2455 E. SUNRISE BLVD., STE. 312 FT. LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 05-0769419		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GABRIEL, ALAN L 2455 E. SUNRISE BLVD., STE. 312 FT. LAUDERDALE FL 33304		10. Name and Address of New Registered Agent	
		81 Name TIM M. SIVORE	
		82 Street Address (P.O. Box Number is Not Acceptable) 2455 EAST SUNRISE BLVD.	
		83 Suite 312	
		84 City FORT LAUDERDALE FL	85 Zip Code 33304

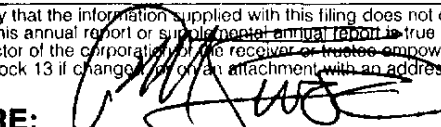
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **TIM M. SIVORE** DATE **3/3/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIVORE, TIM M	1.2 NAME	
STREET ADDRESS	2455 E. SUNRISE BLVD., STE. 312	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	
TITLE	PVST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIVORE, TIM M	2.2 NAME	
STREET ADDRESS	2455 E. SUNRISE BLVD., STE. 312	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE:  **TIM M. SIVORE** DATE **3/3/98**

CR2E034 (10/97)