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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063181 (6)

TOWER CONSTRUCTORS EQUIPMENT, INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							4 (504/05) 110 10111 (0511 2511) 0611 0615 (6116 2116) 1461 1181 1181 1181 1864	
390 NW 210TH STREET 390 NW 210TH STREET MIAMI FL 33169 MIAMI FL 33169					Ī			DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
}								07/22/1997
2. Principa	al Place of Busi	ness	2a. Mailing	2a. Mailing Address				4. FEI Number Applied For
21			26	26				✓ Not Applicable
Suite, Apt. #. etc.				Suite, Apt. #, etc				5. Certificate of Status Desired S8.75 Additional
22			27					Fee Required
I City & State			— i	City & State				6. Election Campaign Financing \$5.00 May Be
Zip Country			28				 	Trust Fund Contribution Added to Fees
24				¬		iritry		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
24 25 29 30 9. Name and Address of Current Registered Agent						Γ		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
							Name	
390 NW 210TH STREET						-	0	
MIAMI FL 33169						82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
						83		
						84	City	lock 7% Code
						54	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								
SIGNATOR	Signature, typed	or profed name of registered ap-	ent and little if applicable	(NO	TE Registere	d Age	nt signature rec	quired when reinstating) DATE
12.		OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		L	DELETE	1.1 10	TLE	1	☐ Change ☐ Addition
NAME KELLEY, HENRY W SR				1.2 NAM		AME		
STREET ADDRESS 390 NW 210TH STREET CITY-ST-ZIP MIAMI FL 33169							ADDRESS	
CITY-ST-ZIP		FL 33169		A DELETE		1Y-S	T-ZIP	A
TITLE	D	DATDICIA I	<u> </u>	DELETE	2.1 11			L Change Addition
NAME KELLEY, PATRICIA L STREET ADDRESS 390 NW 210TH STREET			/		2.2 NAM			
STREET ADORE	MIAMI					ADDRESS		
CITY-ST-ZIP TITLE	ITIN-UTII (F 20 103		DELETE	2. 4 C		ST-ZIP	Change Addition
NAME					3.2 N			_ starter _ raction .
STREET ADDRE	ss						ADDRESS	
CITY-ST-ZIP							T-ZIP	
TITLE				DELETE	4.1 Ti	_		Change Addition
NAME					4. 2 N	AME		
STREET ADDRE	ss				4.3 81	REET	ADDRESS	
CITY-ST-ZIP					4.4 CI	TY-S	T-ZIP	
TITLE				DELETE	5.1 Ti	TLE		☐ Change ☐ Addition
NAME					5.2 N/	SM E		
STREET ADDRE	22				5.3 \$1	REET	ADDRESS	
CITY-ST-ZIP				1 55	5.4 CI		T-ZIP	
TITLE			L	DELETE	6.1 71			Change Addition
NAME					6.2 N			
STREET ADDRE	SS						ADDRESS	
CITY-ST-ZIP	ı				64.01	TY-S	T-7IP	

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 cath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

305653.5800