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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # DOCOCO102766

TOWER G	LOBAL MARKETING INC.	Mailing Address								
200 n. Federal Hwy., Ste. 129 Ioca Raton Fl 33431		3200 N. FEDERAL HWY STE. 129 BOCA RATON FL 33431								
OCA RATOR FL	33431	DOON HATON PE 33431				DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed				
						12/14/1998				4
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	lied For	ļ
21		26				65-0891841			Applicable	ł
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Ad Fee Red		ļ
City & State		City & State				C. Starting Compaign Financing	· · · · ·	\$5.00 N		ļ
¬ '		28				6. Election Campaign Financing Trust Fund Contribution		Added to		
23 Zip	Country	Zip	Countr			8. This corporation owes the curr	ent vear Inta			
24	25	· · · -	50			Personal Property Tax.	,		□No _	1
	9. Name and Address of Curren		V, ====			10. Name and Address of New I	Registered /	Agent		Ī
	_		8	Name						l
	NG, FIORY		8:	Street	Addres	ddress (P.O. Box Number is Not Acceptable)				1
	N. FEIDERAL HWY., STE. 129						<u> </u>			1
BOCA	RATON FL 33431	•	83	3]
			84	1 City				85 Zip C	ode	1
) `			<u>FL</u>			1
office of re	o the provisions of Sections 607.050 sgistered agent, or both, in the State of familiar with, and accept the obliga	ot Fiorida. Such channe was au	nonzea a	r ine coru	corpor oration	ration submits this statement for the 's board of directors. I hereby acce	purpose of on the appoir	changing its r itment as reg	egistered istered	
SIGNATURE										ļ
	Signature, typed or printed name of registered ager			ent signature	required v	when reinstating)	DATE AAL	D DIDEOTO!	20 111 42	وَ ∤
12.	OFFICERS AN	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	1 7
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Į		<u> </u>	2.2 NAME		ļ			. – •	_	Į.
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NAME			6.2 NAME	ET ADDRESS						
STREET ADDRESS			6.3 STRE	ET AUDRESS	1					1

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 of 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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90164 002 ***750.00