

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S61714 (9)
 1. Corporation Name
TOWER ENVIRONMENTAL, INC.



Principal Place of Business 4250 OAK FAIR BLVD. TAMPA FL 33610 US	Mailing Address P.O. BOX 13407 TAMPA FL 33681-3407
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 06/24/1991	3a. Date of Last Report 08/02/1995
4. FEI Number 59-3114434	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~FORD, PETER J~~
~~4309 TYSON AVE.~~
~~TAMPA FL 33611~~

10. Name and Address of New Registered Agent

81 Name **SHARON MEEHAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
4890 W. KENNEDY
 83 **SUITE 400**
 84 City **TAMPA** FL 85 Zip Code **33609**

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]* x *Sharon Meehan* 8/1/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHMAN, JERALD	1.2 NAME	
STREET ADDRESS	1530 N. DEARBORN PKWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, RICHARD G	2.2 NAME	
STREET ADDRESS	5014 LONDON DERRY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLANOW, C. W	3.2 NAME	
STREET ADDRESS	680 W. MADISON AVE., STE. 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODIE, JR., DONALD L	4.2 NAME	
STREET ADDRESS	4250 OAK FAIR BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JAMES YOUNG
STREET ADDRESS		5.3 STREET ADDRESS	4450 GULF BLVD. # 501
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SECRETARY
STREET ADDRESS		6.3 STREET ADDRESS	SHARON MEEHAN
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4890 W. KENNEDY, SUITE 400 TAMPA, FL. 33609

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sharon Meehan* SHARON MEEHAN 8/2/96 813-286-9858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTON, FL 32207

CRSE034 (3/96)