

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT 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 # **V09806** ✓

Corporation Name

L.P. TOWER GROUP, INC.

Principal Place of Business

5 US HWY 27 N
LAKE PLACID FL 33852

Mailing Address

465 US HWY 27 N
LAKE PLACID FL 33852
US

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90001 028 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0313316	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CAMPBELL, MARK 461 US 27TH NORTH LAKE PLACID FL 33852				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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2	<input type="checkbox"/> DELETE		1.2 NAME		
3	<input type="checkbox"/> DELETE		1.3 STREET ADDRESS		
4	<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP		
5	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6	<input type="checkbox"/> DELETE		2.2 NAME		
7	<input type="checkbox"/> DELETE		2.3 STREET ADDRESS		
8	<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP		
9	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10	<input type="checkbox"/> DELETE		3.2 NAME		
11	<input type="checkbox"/> DELETE		3.3 STREET ADDRESS		
12	<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP		
13	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14	<input type="checkbox"/> DELETE		4.2 NAME		
15	<input type="checkbox"/> DELETE		4.3 STREET ADDRESS		
16	<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP		
17	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
18	<input type="checkbox"/> DELETE		5.2 NAME		
19	<input type="checkbox"/> DELETE		5.3 STREET ADDRESS		
20	<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP		
21	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22	<input type="checkbox"/> DELETE		6.2 NAME		
23	<input type="checkbox"/> DELETE		6.3 STREET ADDRESS		
24	<input type="checkbox"/> DELETE		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.

SIGNATURE:

SIGNATURE REQUIRED

9/1/99 941-465-3310

CR2E034 (5/99)