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CORPORATION ANNUAL REPORT

1998

DOCUMENT # V68279

TOWER JUNIOR INVESTMENTS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED May 14 1998 8:00am Secretary of State

ipal Place of Business	Mailing Address	
REMRREY	240 S EMBREY	

Princ CASSELBERRY FL 32707 DO NOT WRITE IN THIS SPACE CASSELBERRY FL 32707 3. Date Incorporated or Qualified 10/02/1992 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3154158 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TOWER, JR., BENJAMIN G 240 SAMBREY EMBREV 82 Street Address (P.O. Box Number is Not Acceptable) CASSELBERRY FL 32707 83 84 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 Signature, typical or printed many of recestered agent and tale it applicable (NOTI: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE TOWER, JR., BENJAMIN G NAME 1.2 NAME 240 S EMBREY 1.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - \$1 - ZIP Addition DELETE 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.9 STREET ADDRESS CITY-ST-2IP 3.4. CHY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-7IP DELETE Addition 5.1 TIME TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 400002528714 mg - 05/19/98--01038--009 DELETE TITLE 61 TITLE NAME 6.2 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. Thereby 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 armual report or supplemental armual 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

Periomen & touts SIGNATURE: