
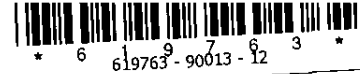


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90013 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 702849 1. Corporation Name OCEAN TOWERS, INC.		
Principal Place of Business 158 OCEAN DR. MIAMI BEACH FL 33139	Mailing Address C/O REGATTA ESTATE MGT 1235 MERIDIAN AVE. #1 MIAMI BEACH FL 33139 US	



2. Principal Place of Business 21	2a. Mailing Address 26 40 Sy-Lo Ent. Corp.	3. Date Incorporated or Qualified 08/31/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 557967	4. FEI Number 59-0995136
City & State 23	City & State 28 MIAMI, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Zip 29 33255	Country 30 USA
Country 25	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VODA, TIM 628 6TH ST MIAMI BEACH FL 33139		81 Name Sy-Lo Ent. Corp.	85 Zip Code 33134
		82 Street Address (P.O. Box Number is Not Acceptable) 130 MADEIRA AVENUE	
		83	
		84 City CORAL GABLES	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **7/23/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISINGER, BETSY	1.2 NAME	
STREET ADDRESS	158 OCEAN DR 510 N.E. 56th Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL MIAMI FL 33137	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTE, VIRGINIA	2.2 NAME	
STREET ADDRESS	158 OCEAN DR P.O. Box 7402	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139 800042 AVENTURA FL 33280	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILIZ, ALAIN	3.2 NAME	
STREET ADDRESS	158 OCEAN DR 621 NE 55 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139 MIAMI FL 33137	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNOLLY, ELIZABETH	4.2 NAME	
STREET ADDRESS	2121 N BAYSHORE DR 780 NE 69th #410	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL MIAMI FL 33138	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ROBERT HANNING
STREET ADDRESS		5.3 STREET ADDRESS	NO. 1 MILITARY ROAD Box 279
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ROSEN, NY. 13438
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Betsy Reisinger* **Betsy Reisinger** 8/4/99 (305) 758-7151
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD2927 (5/00)