

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mooreham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 FEB 28 AM 4: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **746050** (4)  
1. Corporation Name  
**CHATEAU TOWER, INC.**

Principal Place of Business Mailing Address  
**2753 S.R. 580,STE.207 CLEARWATER FL 34621** **2753 S.R. 580,STE.207 CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1979** 3a. Date of Last Report **03/21/1994**  
4. FEI Number **59-2028061** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**REARDON, MAUREEN**  
**2753 S.R. 580, SUITE 207**  
**CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **FL** 05 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consisting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ENGLER, GEORGE
STREET ADDRESS	7050 SUNSET DR S1512
CITY-ST-ZIP	S. PASADENA FL
TITLE	VP
NAME	HOBBS, KATHRYN
STREET ADDRESS	7050 SUNSET DR S403
CITY-ST-ZIP	S. PASADENA FL
TITLE	TD
NAME	MARKMAN, SOL
STREET ADDRESS	7050 SUNSET DR., S., 501
CITY-ST-ZIP	S. PASADENA FL
TITLE	D
NAME	SCHNEIDER, EDMUND
STREET ADDRESS	7050 SUNSET DR. S. #1604
CITY-ST-ZIP	S PASADENA, FL 00000
TITLE	SD
NAME	TAMMANY, PEGGY
STREET ADDRESS	7050 SUNSET DR S416
CITY-ST-ZIP	S. PASADENA FL
TITLE	D
NAME	MELLINI, JOSEPH
STREET ADDRESS	7050 SUNSET DR S707
CITY-ST-ZIP	S. PASADENA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLUMENTHAL, HERMAN	
1.3 STREET ADDRESS	7050 SUNSET DRIVE S. #1214	
1.4 CITY-ST-ZIP	S. PASADENA FL 33707	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McCLURE, ANN	
2.3 STREET ADDRESS	1106 SUNSET DRIVE S. #1106	
2.4 CITY-ST-ZIP	S. PASADENA FL 33707	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BURGESS, CHRIS	
3.3 STREET ADDRESS	7050 SUNSET DRIVE S. #1604	
3.4 CITY-ST-ZIP	S. PASADENA FL 33707	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	OLIVE, ANN	
5.3 STREET ADDRESS	7050 SUNSET DRIVE S. #1504	
5.4 CITY-ST-ZIP	S. PASADENA FL 33707	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BENNETT, D.D.	
6.3 STREET ADDRESS	7050 SUNSET DRIVE S. #907	
6.4 CITY-ST-ZIP	S. PASADENA FL 33707	

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 110.07(3)(b), 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 in person; that I am an officer or director of the corporation or its 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 addendum with an addition.

SIGNATURE:

*Sol Markman* (SOL MARKMAN) TREAS. 2/6/95 (813) 345-0713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Filing Number