

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J89912</b>	
1. Entity Name TOWERS OF CORAL SPRINGS, INC.	
Principal Place of Business 2825 UNIVERSITY DR #350A CORAL SPRINGS, FL 33065 US	Mailing Address 2825 UNIVERSITY DR #350A CORAL SPRINGS, FL 33065 US



**DO NOT WRITE IN THIS SPACE**

07182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0035795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ORNER, S HOWARD  
2825 UNIVERSITY DR  
#350A  
CORAL SPRINGS, FL 33065

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Signature, typed or printed name of registered agent and title if applicable.*

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	FRAYND, PAUL
STREET ADDRESS	2825 UNIVERSITY DR #350A
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	FRAYND, SAUL
STREET ADDRESS	2825 UNIVERSITY DR #350A
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	FRAYND, MARCOS
STREET ADDRESS	2825 UNIVERSITY DR #350A
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	PD
NAME	ORNER, HOWARD
STREET ADDRESS	2825 UNIVERSITY DR #350A
CITY- ST- ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*S. HOWARD ORNER* 7/18/05 954.722.11  
*Howard Orner*