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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K85492 (2)

1. Corporation Name
TOWERCO, INC.

Principal Place of Business
% BETTY J DIVOSTA
4500 PGA BLVD #400
PALM BEACH GARDENS FL 33418

Mailing Address
% BETTY J DIVOSTA
4500 PGA BLVD #400
PALM BEACH GARDENS FL 33418-3985



2. Principal Place of Business
21 4500 PGA Blvd.,

2a. Mailing Address
26 4500 PGA Blvd.,

Suite, Apt. #, etc.
22 Suite 400

Suite, Apt. #, etc.
27 Suite 400

City & State
23 Palm Beach Gardens, FL

City & State
28 Palm Beach Gardens, FL

Zip Country
24 33418 USA

Zip Country
29 33418 USA

3. Date Incorporated or Qualified
05/02/1989

3a. Date of Last Report
03/12/1996

4. FEI Number
65-0120777

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DIVOSTA, OTTO B.
4500 PGA BLVD STE 400
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE
NAME DIVOSTA, OTTO B.
STREET ADDRESS 4500 PGA BLVD #400
CITY-ST-ZIP PALM BEACH GRDNS FL

TITLE ST ☐ DELETE
NAME OWEN, JACK B JR
STREET ADDRESS 4500 PGA BLVD SUITE 400
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME DiVosta, Otto B.
1.3 STREET ADDRESS 4500 PGA Boulevard, Suite 400
1.4 CITY-ST-ZIP Palm Beach Gardens, Florida 33418

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Jack B. Owen, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack B. Owen, Jr. 1/22/97 (561) 627-2112

Date

Daytime Phone #

CR2E034 (9/96)