FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

305 445 5036

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # M91798

(2)

| | TOWER LEASING CO | DIFURNIUM | | | | | | | |
|--|--|---|---|--|--|--|---------------------|----------------------------------|---|
| ONE GROVE ISLE DR PO BOX CORAL (MIAMI FL 33133 US | | | ling Address BOX 145093 IAL GABLES FL 33114-5093 | | | | | | |
| US | | | | | | 3. Date Incorporated or Qua 07/29/1988 | | nte of Last R 2 5/1996 | eport |
| 2. Principa: P | Place of Business | 2a. N | Mailing Address | | | 4. FEI Number | 1 0-7/4 | | plied For |
| 1 | | 26 | | | | 65-0088002 | | | t Applicable |
| Suite, Apt. | #, etc | ··· | Buite, Apt. #, etc. | | | 5. Certificate of Status Desire | ed 🗹 | \$8.75 | |
| 2 City & State | | 27 | Dity & State | | | A Florida Octobrila Florida | ile - | Fee Re | · <u>·</u> |
| 3] | 1; | 28 | only of Chare | | | 6. Election Campaign Finance Trust Fund Contribution | ing 🖂 | \$5.00 Added 1 | • |
| Z(p | Country | | Zip | Countr | у | 8. This corporation has liabil | | | |
| 4 | 25 | 29 | | 30 | | Florida Statutes | Yes [| _] No | |
| | 9. Name and Address of | of Current Registe | red Agent | | | 10. Name and Address of No | ew Registered | Agent | |
| | onsen, Bruce | | | 81 | Name | | | | |
| | 1 SW 21ST STREET | | | 82 | Street Add | dress (P.O. Box Number is Not Acc | ceptable) | * | |
| MIAI | MI FL 33145 | | | 83 | | | | | |
| | | | | (*) | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| | | | | | 1 | | | changing it | s registered |
| 11. Pursuant | to the provisions of Sections | s 607.0502 and 607 | 7.1508. Florida Stat | tutes, the abov | ve-named cor | rporation submits this statement to | יי נווט טטיטטטטט טו | | |
| office or r | to the provisions of Sections registered agent or both, in | the State of Florida | i. Such change wa | s authorized b | ov the carpore | rporation submits this statement to ation's board of directors. I hereby | accept the app | ointment as | registered |
| office or r agent. La | to the provisions of Sections registered agent or both, in an familiar with, and accept | the State of Florida | i. Such change wa | s authorized b | ov the carpore | rporation submits this statement to attend at the statement of directors. I hereby | accept the app | ointment as | registered |
| office or r agent. La | realstered agent, or both, in | the State of Florida the obligations of, t | . Such change wa Section 607.0505, | s authorized t Florida Statute | by the corporates. | ation's board of directors. I hereby | accept the app | ointment as | registered |
| office or r agent. La SIGNATURE | registored agent or both, in an ifamiliar with, and accept Superior to the American conference of the | the State of Florida the obligations of, t | i. Such change wa Section 607.0505, appicable (N | s authorized t Florida Statute | by the corporates. | ation's board of directors. I hereby | DATE OFFICERS AND | OINTENT AS | registered |
| office or ragent. La SIGNATURE 12. | registered agent or both, in familiar with, and accept Standar with and accept OFFIC OFFIC OFFICE OFFI | the State of Florida the obligations of, to gishest agent and think | i. Such change wa Section 607.0505, eppicable (N | s authorized be Florida Statute OTE Registered Agents 13. 1.1 Tifle | by the corporates. | ation's board of directors. I hereby | DATE OFFICERS AND | ointment as | registered |
| office or r agent. I a SIGNATURE 12. TILLF NAME | registered agent or both, in familiar with, and accept Strait respect removed removation OFFIC PD SIMONSEN, BRUCE | the State of Florida the obligations of, to gishest agent and think | i. Such change wa Section 607.0505, appicable (N | s authorized be Florida Statute OTE Registered Ap 13. 1.1 TIFLE 1.2 NAME | by the corporates. | ation's board of directors. I hereby | DATE OFFICERS AND | OINTENT AS | registered |
| office or ragent. La SIGNATURE 12. Titl:F NAME STREET ADDRESS | registered agent or both, in familiar with, and accept Standard or both and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST | the State of Florida the obligations of, to gishest agent and think | i. Such change wa Section 607.0505, appicable (N | S authorized be Florida Statute OTE Registered Ap 13. 1.1 TIFLE 1.2 NAME 1.3 STREET | py the corporates. gent signature required to the corporate and t | ation's board of directors. I hereby | DATE OFFICERS AND | O DIRECTOR Change | registered |
| office or ragent. La SIGNATURE 12. TILLE NAME STREET ADDRESS GLEVESTEZE | Significe Good agent or both, in familiar with, and accept OFFICE SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL | the State of Florida the obligations of, to gishest agent and think | Such change wa Section 607.0505, appscable (N ORS DELETE | s authorized befored a Statute OTE Registered Ap 1.1 THEE 1.2 NAME 1.3 STREE 1.4 CITY- | by the corporals. gent signature required to the corporal signature required to the c | ation's board of directors. I hereby | DATE OFFICERS AND | OIRECTOR Change | is IN 12 |
| office of ragent 1 a SIGNATURE 12. THE NAME STREE ADDRESS CIEV. SETZE: | Significe to both, in familiar with, and accept Significe to both, in Photocological Signification of the SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC | the State of Florida the obligations of, to gishest agent and think | i. Such change wa Section 607.0505, appicable (N | s authorized beforida Statute OTE Registered A: 1.1 THLE 1.2 MAME 1.3 STREE 1.4 CITY- 2.1 THLE | py the corpora | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | O DIRECTOR Change | is IN 12 |
| Office of the agent I a gent I | Significe to both, in familiar with, and accept of policy accept of policy and accept of policy and accept of policy accept of policy accept of policy and accept of policy acceptance and accept of policy acceptance and acceptance acceptance acceptance and acceptance acceptance acceptance acceptance acceptance acceptance acceptance acceptance a | the State of Florida the obligations of, to gishest agent and think | Such change wa Section 607.0505, appscable (N ORS DELETE | s authorized beforida Statute OTE Registered A; 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME | py the corpora | ation's board of directors. I hereby | DATE OFFICERS AND | OIRECTOR Change | registered |
| Office of the agent of agent the agent the agent the transfer of the agent t | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to gishest agent and think | Such change wa Section 607.0505, appscable (N ORS DELETE | s authorized befored as the statute of the statute | by the corporate of the | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | OIRECTOR Change | registered |
| Office of the agent of agent the agent the agent the transfer of the agent t | Significe to both, in familiar with, and accept of policy accept of policy and accept of policy and accept of policy accept of policy accept of policy and accept of policy acceptance and accept of policy acceptance and acceptance acceptance acceptance and acceptance acceptance acceptance acceptance acceptance acceptance acceptance acceptance a | the State of Florida the obligations of, to gishest agent and think | Such change wa Section 607.0505, appscable (N ORS DELETE | s authorized beforida Statute OTE Registered A; 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME | pent signature request ADDRESS | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | OIRECTOR Change | IS IN 12 |
| Office of the agent. It as a gent the agent th | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to gishest agent and think | L Such change was Section 607.0505, appacable (NORS DELETE) DELETE | s authorized befored as tatute one Registered as 13. 1.1 HILE 1.2 NAME 1.3 STREE 1.4 CITY-2.1 HILE 2.2 NAME 2.3 STREE 2.4 CITY | py the corpora | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | O DIRECTOR Change | IS IN 12 |
| Office of raggert. La agent. La signature 12. The street address of the size o | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to gishest agent and think | L Such change was Section 607.0505, appacable (NORS DELETE) DELETE | S authorized E Florida Statute OTE Registered As 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME | py the corpora | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | O DIRECTOR Change | IS IN 12 . Addition |
| office of the agent of agent of agent of agent of agent of the agent of age | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to gishest agent and think | DELETE | S authorized E Florida Statute OTE Registered As 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME | pont signature required to the comporation of the c | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | O DIRECTOR Change | IS IN 12 . Addition |
| office or ragent. La SIGNATURE 12. THE NAME STREEL ADDRESS GEV. SE ZIP | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | L Such change was Section 607.0505, appacable (NORS DELETE) DELETE | S authorized E Fiorida Statute OTE Registered At 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE | pont signature required to the signature req | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | O DIRECTOR Change | registered |
| office of the agent of agent of agent of agent of agent of the agent of the agent of | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | DELETE | S authorized befored a Statute OTE Registered As 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME | gent signature request ADDRESS ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | DIRECTOR Change Change | IS IN 12 Addition |
| office of the agent of agent of agent of agent of agent of the agent of the agent of | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | DELETE | S authorized befored a Statute OTE Registered As 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME | pont signature required to the signature req | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | DIRECTOR Change Change | IS IN 12 Addition |
| Office of the agent of agent the agent the signature. 12. The street address of the address of | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | DELETE DELETE | S authorized be Fiorida Statute OTE Registered Ap 13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 THLE 3.2 NAME 3.3 STREE 4.1 THLE 4.2 NAM 4.3 STREE 4.4 CITY 4.1 THLE 4.2 NAM 4.3 STREE | et address -St-Zip Et address -St-Zip Et address -St-Zip | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | DIRECTOR Change Change Change | S IN 12 S IN 12 Addition Addition |
| Office of the agent. It as agen | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | DELETE | S authorized be Fiorida Statute OTE Registered Ap 13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 THLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 THLE 4.2 NAM 4.3 STREE 4.4 CITY 5.1 THLE | et address -st-zip Et address -st-zip Et address -st-zip Et address -st-zip | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | DIRECTOR Change Change | IS IN 12 Addition Addition |
| Office of the agent. It as a great the second secon | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | DELETE DELETE | S authorized E Fiorida Statute Fiorida Statute 13. 1.1 Title 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 NAM 4.3 STREE 4.2 NAM 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME | et Address -st-zip Et Address -st-zip Et Address -st-zip | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | DIRECTOR Change Change Change | IS IN 12 Addition Addition |
| Office of tagget La agent La SIGNATURE 12. THE NAME STREEL ADDRESS CIEVEST ZEP THE NAME STREEL ADDRESS CHY-ST ZEP THE STREEL ADDRESS CHY-ST ZEP THE NAME STREEL ADDRESS CHY-ST ZEP THE STREEL ADDRESS | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | DELETE DELETE | S authorized E Fiorida Statute OIE Registered At 13. 1.1 THLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 THLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 THLE 3.2 NAME 3.3 STREE 4.4 CITY 4.1 THLE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 THLE 5.2 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.3 NAME 5.3 STREE 5.3 NAME 5.3 STREE | py the corporate pass. gent signature request address ET ADDRESS ET ADDRESS - ST- ZIP | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | DIRECTOR Change Change Change | IS IN 12Addition |
| Office of the agent. It as a second to a gent. It a second to the acceptance of the | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | Such change was Section 607.0505, appecable (NORS) DELETE DELETE DELETE DELETE | S authorized E Fiorida Statute Fiorida Statute 13. 1.1 Title 1.2 MAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 NAM 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.3 STREE 5.4 CITY- 5.4 CITY- 5.5 STREE 5.5 CITY- 5.5 STREE 5.5 CITY- 5.5 STREE 5.6 CITY- 5.5 STREE 5.6 CITY- 5.7 STREE | et address -st-zip Et address -st-zip Et address -st-zip Et address -st-zip | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | DIRECTOR Change Change Change | IS IN 12 S IN 12 Addition Addition Addition Addition |
| Office of tagent. La SIGNATURE 12. THE NAME STREEL ADDRESS CITY-SL-ZP THE STREEL ADDRESS CITY-SL-ZP THE STREEL ADDRESS CITY-SL-ZP THE STREEL ADDRESS CITY-SL-ZP THE | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | DELETE DELETE | S authorized E Fiorida Statute Fiorida Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITYLE 6.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITYLE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITYLE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITYLE 6.1 TITLE | pont bignature required and bignature require | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | DIRECTOR Change Change Change | IS IN 12 Addition Addition |
| Office of Fagoria La agoria La Signature 12. The Name Sireh address City-St-Zip The Name Street address City-St-Zip The Name Street address City-St-Zip The Name Street address City-St-Zip The Name Street address City-St-Zip The Name Street address City-St-Zip The Name Street address City-St-Zip The Name Street address City-St-Zip The Name Name Name Name Name Name Name Nam | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | Such change was Section 607.0505, appecable (NORS) DELETE DELETE DELETE DELETE | S authorized E Fiorida Statute Fiorida Statute 113. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 NAME | pont bignature required and bignature require | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | DIRECTOR Change Change Change | S IN 12 Addition Addition Addition Addition |
| Office of tagent. La SIGNATURE 12. THE NAME STREEL ADDRESS CITY-SL-ZP THE STREEL ADDRESS CITY-SL-ZP THE STREEL ADDRESS CITY-SL-ZP THE STREEL ADDRESS CITY-SL-ZP THE | Superior diagram or both, in an familiar with, and accept OFFIC PD SIMONSEN, BRUCE 3231 SW 21 ST MIAMI FL SC MILLER, JOY A. ONE GROVE ISLE DR | the State of Florida the obligations of, to spin or agent and thole | Such change was Section 607.0505, appecable (NORS) DELETE DELETE DELETE DELETE | S authorized E Fiorida Statute Fiorida Statute 113. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.4 CITY 6.1 TITLE 6.2 NAME 6.3 NAME | por the corporate page of the corporate page | ation's board of directors. I hereby uired when reinstating) ADDITIONS/CHANGES TO | DATE OFFICERS AND | DIRECTOR Change Change Change | IS IN 12 S IN 12 Addition Addition Addition Addition |