

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90075 006 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P20808

1. Corporation Name  
**TOWER AIR, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**HANGAR 17  
 JF KENNEDY INTERNATIONAL AIRPORT  
 JAMAICA NY 11430  
 US**

Mailing Address  
**HANGAR 17  
 JF KENNEDY INTERNATIONAL AIRPORT  
 JAMAICA NY 11430  
 US**

3. Date Incorporated or Qualified  
**09/08/1988**

4. FEI Number  
**11-2621046**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	NACHTOMI, MORRIS	
STREET ADDRESS	HANGAR #17 JFK INT'L AIRPORT	
CITY-ST-ZIP	JAMAICA NY 11430	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GELBAND, STEPHEN	
STREET ADDRESS	HANGAR #17 JFK INT'L AIRPORT	
CITY-ST-ZIP	JAMAICA NY-11430	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAER, HENRY P	
STREET ADDRESS	HANGER #17 JFK INT'L AIRPORT	
CITY-ST-ZIP	JAMAICA NY 11430	
TITLE	VPL	<input type="checkbox"/> DELETE
NAME	BROOKMEYER, PHILIP R	
STREET ADDRESS	HANGAR #17 JFK INT'L AIRPORT	
CITY-ST-ZIP	JAMAICA NY 11430	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSBORN, STEPHEN A	
STREET ADDRESS	HANGAR #17 JFK INT'L AIRPORT	
CITY-ST-ZIP	JAMAICA NY 11430	
TITLE	VPM	<input checked="" type="checkbox"/> DELETE
NAME	VITALE, VINCE	
STREET ADDRESS	HANGAR #17 JFK INT'L AIRPORT	
CITY-ST-ZIP	JAMAICA NY 11430	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SEGAL, ELI J</b>
1.3 STREET ADDRESS	<b>HANGAR 17 JFK INTERNATIONAL AIRPORT</b>
1.4 CITY-ST-ZIP	<b>JAMAICA, NY 11430</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KELMENSON, LEO-ARTHUR</b>
2.3 STREET ADDRESS	<b>HANGAR 17, JFK INT'L AIRPORT</b>
2.4 CITY-ST-ZIP	<b>JAMAICA, NY 11430</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VP FINANCIAL ACCOUNTING</b>
3.3 STREET ADDRESS	<b>MIR, BADAR</b>
3.4 CITY-ST-ZIP	<b>HANGAR 17, JFK INT'L AIRPORT</b>
3.4 CITY-ST-ZIP	<b>JAMAICA NY 11430</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CFO &amp; TREASURER</b>
4.3 STREET ADDRESS	<b>NELSON, NATHAN</b>
4.4 CITY-ST-ZIP	<b>HANGAR 17, JFK INT'L AIRPORT</b>
4.4 CITY-ST-ZIP	<b>JAMAICA, NY 11430</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VPM</b>
6.3 STREET ADDRESS	<b>CAIN WILLIAM</b>
6.4 CITY-ST-ZIP	<b>HANGAR 17, JFK INT'L AIRPORT</b>
6.4 CITY-ST-ZIP	<b>JAMAICA, NY 11430</b>

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 607, 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: *Philip R. Brookmeyer* 1/6/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)