

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 222360 (0)

1. Corporation Name

ELLIS TOWER CO., INC.



Principal Place of Business

Mailing Address

3564 N.W. 10TH AVE.
FT. LAUDERDALE FL 33309

3564 N.W. 10TH AVE.
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified

04/09/1959

3a. Date of Last Report

06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-0862404

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

10. Name and Address of New Registered Agent

ELLIS, WILLIAM S.
3050 NE 47 COURT, APT. 608
FT. LAUDERDALE FL

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 type: the president and chief officer and director, if applicable

(Note: Registered Agent signature required when resigning)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	ELLIS, WILLIAM S	3564 N.W. 10TH AVE.	FORT LAUDERDALE FL	<input type="checkbox"/>
VD	JONES JAMES W	3564 N.W. 10TH AVE.	FORT LAUDERDALE FL	<input type="checkbox"/>
STD	MASON, ALICE D	3564 N.W. 10TH AVE.	FORT LAUDERDALE FL	<input type="checkbox"/>
VD	BLAKSLEY, HAROLD E.	3564 N.W. 10TH AVE.	FORT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alice D. Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALICE D. MASON

4/18/96 305-566-6432

CR2E034 (3/96)