PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 491657 1. Corporation Name

TOWERMARC REALTY, INC.

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 014 ***900.00



Principal Place of Business Mailing Address 260 FRANKLIN ST. 550 N. REO STREET #300 #1840 DO NOT WRITE IN THIS SPACE **TAMPA FL 33609** BOSTON MA 02110 3. Date Incorporated or Qualifed 11/25/1975 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-1632761 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zìp 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE MIAMI FL 33131 83 84 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition [☐ DELETE 1.1 TILE SVP TITLE ROSS, D. SCOTT 12 NAME NAME 260 FRANKLIN STREET 1.3 STREET ADDRESS STREET ADDRESS **BOSTON MA 02110** 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE CPD 2.1 TITLE TITLE VINTIADIS, POLYVIOS C. 2.2 NAME NAME 2 PICKWICK PLAZA, 4TH FLOOR STREET ADDRESS 2.3 STREET ADDRESS GREENWICH CT 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change [] Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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:

CITY-ST-ZIP

CR2E034 (11/98)