

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90226 011 ***150.00

DOCUMENT # 503561

1. Corporation Name
IVORY TOWER ENTERPRISES, INC.

Principal Place of Business

1400 S. NOVA RD. #227
DAYTONA BEACH FL 32114

Mailing Address

P.O. BOX 4267
S. DAYTONA BEACH FL 32121
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1976

4. FEI Number

59-1698850

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COCHRANE, GEORGE BRADLEY
1400 S. NOVA RD. #227
DAYTONA BEACH FL 32114

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	BRICK, SHERRY E.	5500 KINGSWOOD DR.	ORLANDO FL	<input type="checkbox"/>
PCO	SCHNIBBEN	3408 COUNTRY MANOR DR	S DAYTONA FL	<input type="checkbox"/>
VD	JENNE, SALLY E	7607 MONCLAIR CT	LAKE WORTH FL	<input type="checkbox"/>
VD	COCHRANE, THOMAS MICHAEL	21 PALM CASTLE DR	PORT ORANGE FL	<input type="checkbox"/>
CCEO	COCHRANE, G. BRAD	1400 S NOVA RD #227	DAYTONA BEACH FL	<input type="checkbox"/>
VD	COCHRANE, MARGARET E.	1400 SOUTH NOVA ROAD, #226	DAYTONA BEACH FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
VP/DIR.	J. BRAD COCHRANE	6140 DEL MAR DRIVE	PORT ORANGE, FL 32127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/DIR.	SUE E. ESTABROOK	RT. 2, BOX 5020	LEE, FL 32059	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREAS. AND SEC.	SAME	SAME	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

904-255-7974

Daytime Phone #

CR2E034 (11/98)