

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 670402 (7)

1. Corporation Name

TOWER ASSOCIATES REAL ESTATE, INC.



Principal Place of Business

Mailing Address

~~2100 45TH STREET, #A2C~~
~~WEST PALM BEACH FL 33407~~

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~~WEST PALM BEACH FL 33407~~

3. Date Incorporated or Qualified

05/16/1980

3a. Date of Last Report

08/30/1995

2. Principal Place of Business

2a. Mailing Address

21 400 Executive Center Dr.

26 400 Executive Center Dr. #103

4. FEI Number

59-2012140

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 103

27

City & State

City & State

23 WPB FL

28 WPB, FL

Zip

Country

Zip

Country

24 33401

25

29 33401

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIGHTOWER, CALVIN D.

~~2100 45TH ST #A2C~~

~~WEST PALM BEACH FL 33407~~

400 Executive Center Drive, Suite 103

WPB, FL 33401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HIGHTOWER, CALVIN D.
STREET ADDRESS 412 NORTHLAKE CT, #3
CITY-ST-ZIP N. PALM BCH. FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME HIGHTOWER, ERIC D.
STREET ADDRESS 412 NORTHLAKE CT, #3
CITY-ST-ZIP N. PALM BCH. FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TVD
NAME HIGHTOWER, BARBARA V.
STREET ADDRESS 412 NORTHLAKE CT, #3
CITY-ST-ZIP N. PALM BCH. FL

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, in an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Calvin D. Hightower

Date

26 Apr 1996

Daytime Phone #

407 683 6090

CR2E034 (12/95)