FILE NOW: FILING FEE IS $61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90118 012 ****61.25

0023524

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 718503

1. Corporation Name
OXFORD TOWERS, INC.

Principal Place of Business	Mailing Address
1501 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019	1501 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/14/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1311414 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

POMORSKI, KAREN
1501 S OCEAN DR #106
HOLLYWOOD FL 33019

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Karen Pomorski KAREN POMORSKI, Treasurer 2/9/99
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	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POMORSKI, KAREN		1.2 NAME		
STREET ADDRESS	1501 SOUTH OCEAN DR #106		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	CHELI, JOSEPHINE		2.2 NAME	ROSALIE BIERMAN	
STREET ADDRESS	1501 S OCEAN DR #1503		2.3 STREET ADDRESS	1501 S OCEAN DR #205	
CITY-ST-ZIP	HOLLYWOOD FL 33019		2.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	KLAHR, DAVID		3.2 NAME	ALDO CHELI	
STREET ADDRESS	1501 SOUTH OCEAN DR #1206		3.3 STREET ADDRESS	1501 S OCEAN DR #1503	
CITY-ST-ZIP	HOLLYWOOD FL 33019		3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	VPD	☒ DELETE	4.1 TITLE	VPD	☐ Change ☒ Addition
NAME	DIBONA, KATHLEEN		4.2 NAME	LYNN MCCARTHY	
STREET ADDRESS	1501 SOUTH OCEAN DRI #1403		4.3 STREET ADDRESS	1501 S OCEAN DR #504	
CITY-ST-ZIP	HOLLYWOOD FL 33019		4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		☐ DELETE	5.1 TITLE	VPD	☐ Change ☒ Addition
NAME			5.2 NAME	ELAINE CHARLES (CHARLES)	
STREET ADDRESS			5.3 STREET ADDRESS	1501 S OCEAN DR #401	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		☐ DELETE	6.1 TITLE	ASST TREAS, D	☐ Change ☒ Addition
NAME			6.2 NAME	RODOLFO RUBINI	
STREET ADDRESS			6.3 STREET ADDRESS	1501 S OCEAN DR #1203	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	HOLLYWOOD FL 33019	

CR2E037 (11/98)

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 617, 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: Karen Pomorski KAREN POMORSKI, Treasurer 2/9/99 954-921-8923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #