

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **752702** (1)

1. Corporation Name
TOWER FORUM, INC.



Principal Place of Business: P O BOX 030442 FT LAUDERDALE FL 33303
Mailing Address: P O BOX 030442 FT LAUDERDALE FL 33303

3. Date Incorporated or Qualified: **06/02/1980**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-2194903**
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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
30 Country

9. Name and Address of Current Registered Agent
WARD, LAURA
ONE LAS OLAS CIRCLE 1015 *18 Castle Harbour Isle*
FORT LAUDERDALE FL 33316 *33308*

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (Block 12) _____ (Block 13)

12. OFFICERS AND DIRECTORS
11.1 TITLE: DELETE
11.2 NAME: **WARD, LAURA**
11.3 STREET ADDRESS: **ONE LAS OLAS CIRCLE 1015** *18 Castle Harbour Isle*
11.4 CITY, ST, ZIP: **FORT LAUDERDALE FL 33308**
11.5 TITLE: DELETE
11.6 NAME: **MACKENZIE, ANNE REP.**
11.7 STREET ADDRESS: **827 SOUTHEAST 9 STREET** *1000 S. Federal*
11.8 CITY, ST, ZIP: **FT. LAUDERDALE FL 33316**
11.9 TITLE: DELETE
11.10 NAME: **SHAW, CHARLES**
11.11 STREET ADDRESS: **200 E LAS OLAS BLVD 1700**
11.12 CITY, ST, ZIP: **FT LAUDERDALE FL**
11.13 TITLE: DELETE
11.14 NAME: _____
11.15 STREET ADDRESS: _____
11.16 CITY, ST, ZIP: _____
11.17 TITLE: DELETE
11.18 NAME: _____
11.19 STREET ADDRESS: _____
11.20 CITY, ST, ZIP: _____

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
12.1 TITLE: Change Addition
12.2 NAME: _____
12.3 STREET ADDRESS: _____
12.4 CITY, ST, ZIP: _____
21.1 TITLE: Change Addition
21.2 NAME: _____
21.3 STREET ADDRESS: _____
21.4 CITY, ST, ZIP: _____
31.1 TITLE: Change Addition
31.2 NAME: _____
31.3 STREET ADDRESS: _____
31.4 CITY, ST, ZIP: _____
41.1 TITLE: Change Addition
41.2 NAME: _____
41.3 STREET ADDRESS: _____
41.4 CITY, ST, ZIP: _____
51.1 TITLE: Change Addition
51.2 NAME: _____
51.3 STREET ADDRESS: _____
51.4 CITY, ST, ZIP: _____
61.1 TITLE: Change Addition
61.2 NAME: _____
61.3 STREET ADDRESS: _____
61.4 CITY, ST, ZIP: _____

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: *Laura Ward* **LAURA WARD** *1/20/96* **(954) 566-0256**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)