

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90021 033 ***150.00

DOCUMENT # F95000002548

1. Corporation Name

TOWER EQUITIES, INC.

Principal Place of Business

8141 N. MAIN STREET
DAYTON OH 45415

Mailing Address

8141 N. MAIN STREET
DAYTON OH 45415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1995

4. FEI Number

31-1097321

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KREISMAN, STUART A
1551 FORUM PLACE
STE. 400C
WEST PALM BEACH FL 33401

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

2300 PALM BEACH LAKES BLVD

83

SUITE 304

84 City

WEST PALM BEACH

FL

85 Zip Code

33409

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

Stuart A. Kreisman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME LEHMAN, HEATH A
STREET ADDRESS 8570 TIMBER PARK DR
CITY-ST-ZIP CENTERVILLE OH

TITLE ☐ DELETE

T
NAME WISEMAN, KENNETH R
STREET ADDRESS 7815 N MAIN ST
CITY-ST-ZIP DAYTON OH

TITLE ☐ DELETE

CD
NAME LEHMAN, PHILIP A
STREET ADDRESS 38 ROBINWOOD CT.
CITY-ST-ZIP ENGLEWOOD OH

TITLE ☐ DELETE

S
NAME MERRICK, SARA A.
STREET ADDRESS 38 ROBINWOOD CT
CITY-ST-ZIP ENGLEWOOD OH

TITLE ☐ DELETE

V
NAME MERRICK, GEORGE L.
STREET ADDRESS 496 MEADOWVIEW CT
CITY-ST-ZIP VANDALIA OH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP A. LEHMAN

Date

(937) 890-1988

Daytime Phone #

CR2E034 (1/98)