**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90112 026 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F97000004547

1. Corporation Name

Dainainal Diana of Business

TOWER REALTY TRUST, INC.

	Principal Place	UI BUSINESS	IVIC	alling Address							
	TOWER REALTY			WER REALTY TRUST INC							
	292 MADISON A	VE		MADISON AVE				DO NOT WRITE	: IN THI	S SPACE	
NY NY 10017 US			US	NY NY 10017				3. Date Incorporated or Qualifed			
	US		00					08/27/1997			
ŀ	3 Oringinal Pla	non of Rusiness	22	Mailing Address				4. FEI Number		I A	pplied For
2. Principal Place of Business			26					13-3938558			ot Applicable
ŀ	21 Suite, Apt. #	t oto	- 20	Suite, Apt. #, etc.							Additional
l	22 Suite, Apt. #	r, etc.	27	Outo, ripi. ir, sto.				5. Certifcate of Status Desired			equired
	City & State			City & State				6. Election Campaign Financing		\$5.00	May Be
ŀ	23		28	•				Trust Fund Contribution	<u> </u>	•	to Fees
Ì	Zip	Country		Zip	Country	у		8. This corporation owes the curren	it year li	ntangible	
Ì	24	25	29	30				Personal Property Tax.		☐ Yes	No
ŀ		9. Name and Address of Curren	t Regis	tered Agent				10. Name and Address of New Re	gistere	d Agent	
ľ					81	'	Name				
		ED CORPORATE SERVICES, INC		00	82	2	Street Addre	ess (P.O. Box Number is Not Acceptable	le)		_
		NORTHEAST 167TH STREET - S	UIIE 3	00		┸					
Ì	нон	TH MIAMI BEACH FL 33162			83	3					
					84	1	City		F	<b>85</b> Zip	Code
l											giotorod
	11. Pursuant to office or re agent. Lan	o the provisions of Sections 607.050 egistered agent, or both, in the State n familiar with, and accept the obliga	2 and 6 of Floric tions of	07.1508, Florida Statutes, la. Such change was autho . Section 607.0505, Florida	orized by Statutes	ve- y th s.	he corporation	oration submits this statement for the pin's board of directors. I hereby accept	the app	ointment as re	egistered
	SIGNATURE										
Ì	SIGNATORE	Signature, typed or printed name of registered ager				ent s	signature required		DATE		00011140
ĺ	12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFI	CERS A		
I	TITLE	CEOP		Ď DELETE	1.1 TITLE		CE	EOP		🔀 Change	☐ Addition
l	NAME	FELDMAN, LAWRENCE H			1.2 NAME		CC	X, ROBERT L.			
İ	STREET ADDRESS	120 WEST 45TH STREET, 24TH	I FLOC	OR .	1.3 STREE	ET A	ADDRESS 29	2 MADISON AVE.,	3rd	FLOOR	
	CITY-ST-ZIP	NEW YORK NY 10038			1.4 CITY-5	ST-		W YORK, NY 10017			
	TITLE	COOV		☐ DELETE	2.1 TITLE			VOC		K Change	☐ Addition
	NAME	COX. ROBERT L			2.2 NAME		co	X, ROBERT L.		,*	
	1	120 WEST 45TH STREET, 24TH	I FLOC	OR N	2.3 STREE	ET A		2 MADISON AVE.,	3rd	FLOOR	
	CITY-ST-ZIP	NEW YORK NY 10038	.,		2. 4 CITY-			W YORK, NY 1001			
l	TITLE	CFOV		☐ DELETE	3.1 TITLE	-	i i	OV			☐ Addition
	NAME	KASMAN, JOSEPH D			3.2 NAME			ARFINKEL, LESTER			
l		120 WEST 45TH STREET, 24Th	4 EI (\((	אר	3.3 STREE				2 2	DI OOD	
I			11500	211	3.4. CITY-		2 /	2 MADISON AVE.,		FLOOR	
Ì	CITY-ST-ZIP TITLE	NEW YORK NY 10038		☐ DELETE	4.1 TITLE		I	EW YORK, NY 10017		K] Change	☐ Addition
l	NAME	FRIEBERG, REUBEN		_ Decere	4. 2 NAME		\ \V_				
l	1	120 WEST 45TH STREET, 24Th	1 5100	שר	4.3 STREE			RIEDBERG, REUBEN			
İ	STREET ADDRESS	NEW YORK NY 10038	1 FLOC	JN .			29	2 MADISON AVE.,		FLOOR	
	CITY-ST-ZIP TITLE	A LAM LOUVINI 10030		□ DELETE	4.4 CITY-5		- NE	EW YORK, NY 1001	7	X] Change	☐ Addition
1		REIMER, ERIC		_ 3000,0	5.2 NAME		V				•
į	NAME		ן בו הי	וֹ מר	5.3 STREE			EIMER, ERIC			
İ	STREET ADDRESS	120 WEST 45TH STREET, 24TH	1 FLU	חע	5.3 STREE		129	2 MADISON AVE.	3rd	FLOOR	
l	CITY-ST-ZIP	NEW YORK NY 10038		☐ DELETE	61 TITLE		1 -	EW_YORK, NY 1001	7		Addition
	TITLE	S		T DEFEIF	6.2 NAME		S			A change	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ì	NAME	COX, SUSAN			0.2 NAME		PE	EGGY RAWITT			

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 of 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:

CITY-ST-ZIP

STREET ADDRESS 120 WEST 45TH STREET, 24TH FLOOR

292 MADISON AVE.,

212-448-1864

3rd FLOOR