

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

000440

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90105 048 ***150.00

DOCUMENT # F97000005788

1. Corporation Name

TOWER QRS NO. 3 CORP.

Principal Place of Business

% FELDMAN EQUITIES
292 MADISON AVE. 3RD FL
NEW YORK NY 10017
US

Mailing Address

% FELDMAN EQUITIES
292 MADISON AVE. 3RD FL
NEW YORK NY 10017
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

13-3997877

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FELDMAN, LAWRENCE H	
STREET ADDRESS	125 WEST 45TH ST.	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COX, ROBERT L	
STREET ADDRESS	125 WEST 4TH ST.	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COX, SUSAN	
STREET ADDRESS	125 WEST 4TH ST.	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KASMAN, JOSEPH D	
STREET ADDRESS	125 WEST 4TH ST.	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRIEDBERG, REUBEN	
STREET ADDRESS	125 WEST 4TH ST.	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REIMER, ERIC	
STREET ADDRESS	125 WEST 4TH ST.	
CITY-ST-ZIP	NEW YORK NY 10036	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COX, ROBERT L.	
1.3 STREET ADDRESS	292 MADISON AVE., 3rd FLOOR	
1.4 CITY-ST-ZIP	NEW YORK, NY 10017	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COX, ROBERT L.	
2.3 STREET ADDRESS	292 MADISON AVE., 3rd FLOOR	
2.4 CITY-ST-ZIP	NEW YORK, NY 10017	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAWITT, PEGGY	
3.3 STREET ADDRESS	292 MADISON AVE., 3rd FLOOR	
3.4 CITY-ST-ZIP	NEW YORK, NY 10017	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRIEDBERG, REUBEN	
5.3 STREET ADDRESS	292 MADISON AVE., 3rd FLOOR	
5.4 CITY-ST-ZIP	NEW YORK, NY 10017	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	REIMER, ERIC	
6.3 STREET ADDRESS	292 MADISON AVE., 3rd FLOOR	
6.4 CITY-ST-ZIP	NEW YORK, NY 10017	

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. COX, PRESIDENT

1/11/99

Date

(212) 448-1864

Daytime Phone #

CR2E034 (11/98)