

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

FILED

Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005791 (5)**  
1. Corporation Name  
**TOWER QRS NO. 1 CORP.**

Principal Place of Business <b>% FELDMAN EQUITIES 120 WEST 45TH ST. NEW YORK NY 10036</b>	Mailing Address <b>% FELDMAN EQUITIES 120 WEST 45TH ST. NEW YORK NY 10036</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 TOWER REALTY TRUST, INC.</b> Suite, Apt. #, etc. <b>22 292 Madison Ave Fl. 3</b> City & State <b>23 New York-NY</b> Zip <b>24 10017</b> Country <b>25</b>		2a. Mailing Address <b>26 Same</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>		3. Date Incorporated or Qualified <b>11/03/1997</b>	
4. FEI Number <b>13-3947224</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	
9. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>					

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>DP FELDMAN, LAWRENCE H 125 WEST 45TH ST. NEW YORK NY 10036</b> <input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V COX, ROBERT L 125 WEST 45TH ST. NEW YORK NY 10036</b> <input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V FRIEDBERG, REUBEN 125 WEST 45TH ST. NEW YORK NY 10036</b> <input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V REIMER, ERIC 125 WEST 45TH ST. NEW YORK NY 10036</b> <input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S COX, SUSAN 125 WEST 45TH ST. NEW YORK NY 10036</b> <input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T KASMAN, JOSEPH D 125 WEST 45TH ST. NEW YORK NY 10036</b> <input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 registered agent or authorized 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (1097)