

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 04, 1999 8:00 am
Secretary of State

03-04-1999 90088 048 ***150.00

DOCUMENT # F97000005791

1. Corporation Name
TOWER QRS NO. 1 CORP.



Principal Place of Business
TOWER REALTY TRUST INC
292 MADISON AVE FL 3
NEW YORK NY 10017
US

Mailing Address
TOWER REALTY TRUST INC
292 MADISON AVE FL 3
NEW YORK NY 10017
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/03/1997	
City & State		City & State		4. FEI Number	
Zip		Zip		13-3947224	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
29		31		6. Election Campaign Financing	
30		32		<input type="checkbox"/> \$5.00 May Be Added to Fees	
31		33		8. This corporation owes the current year Intangible Personal Property Tax.	
32		34		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, LAWRENCE H	1.2 NAME	COX, ROBERT L.
STREET ADDRESS	125 WEST 45TH ST.	1.3 STREET ADDRESS	292 MADISON AVENUE, 3rd FLOOR
CITY-ST-ZIP	NEW YORK NY 10036	1.4 CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, ROBERT L	2.2 NAME	COX, ROBERT L.
STREET ADDRESS	125 WEST 45TH ST.	2.3 STREET ADDRESS	292 MADISON AVE., 3rd FLOOR
CITY-ST-ZIP	NEW YORK NY 10036	2.4 CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDBERG, REUBEN	3.2 NAME	FRIEDBERG, REUBEN
STREET ADDRESS	125 WEST 45TH ST.	3.3 STREET ADDRESS	292 MADISON AVE., 3rd FLOOR
CITY-ST-ZIP	NEW YORK NY 10036	3.4 CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMER, ERIC	4.2 NAME	REIMER, ERIC
STREET ADDRESS	125 WEST 45TH ST.	4.3 STREET ADDRESS	292 MADISON AVENUE, 3rd FLOOR
CITY-ST-ZIP	NEW YORK NY 10036	4.4 CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, SUSAN	5.2 NAME	RAWITT, PEGGY
STREET ADDRESS	125 WEST 45TH ST.	5.3 STREET ADDRESS	292 MADISON AVE, 3rd FLOOR
CITY-ST-ZIP	NEW YORK NY 10036	5.4 CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASMAN, JOSEPH D	6.2 NAME	
STREET ADDRESS	125 WEST 45TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036	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 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:

ROBERT L. COX, PRESIDENT

1/11/99

Date

(212) 448-1864

Daytime Phone #

CR2E034 (11/98)