

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90036 041 ***150.00

DOCUMENT # G50402

1. Entity Name

STUART TOWER CORPORATION



Principal Place of Business

7385 GALLOWAY RD., STE. 200
MIAMI FL 33173

Mailing Address

7385 GALLOWAY RD., STE. 200
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2320404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLER, CHARLES E II
7385 GALLOWAY RD., STE. 200
MIAMI FL 33173

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VDAS	<input type="checkbox"/> Delete
NAME	GABRIEL, JOHN A	
STREET ADDRESS	4308 NE 22ND AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	HALULA, NANCY P	
STREET ADDRESS	700 BRICKELL AVE., 10TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	BOUGHER, KATHLEEN A	
STREET ADDRESS	1038 DAY LILY DRIVE (BOX 5)	
CITY-ST-ZIP	MARBLE NC 28905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marks, William T.	
STREET ADDRESS	1100 E. Las Olas Boulevard	
CITY-ST-ZIP	Ft. Lauderdale, Florida 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William T. Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William T.
Marks

3/21/05

Date

305-
670-6770

Daytime Phone #