

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # G50888 (8)**

1. Corporation Name

**TOWSTOR MASTER SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**499 STATE ROAD 434, NORTH #2145  
ALTAMONTE SPRINGS FL 32714**

**499 STATE ROAD 434, NORTH #2145  
ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business

2a. Mailing Address

21 **415 MONTGOMERY RD.**

26 **415 MONTGOMERY RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **101**

27 **101**

City & State

City & State

23 **ALTAMONTE SPRINGS FL**

28 **ALTAMONTE SPRINGS FL**

Zip

Country

Zip

Country

24 **32714**

25 **USA**

29 **32714**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPLAN, ALLAN  
499 STATE ROAD 434 NORTH  
SUITE 2145  
ALTAMONTE SPRINGS FL 32714**

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's signature required when re-stating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME **D SCHIANO, STEPHANIE**  
STREET ADDRESS **116 LAKEPOINTE CIRCLE**  
CITY-ST-ZIP **KISSIMMEE FL**

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME **D CAPLAN, CAROL J.**  
STREET ADDRESS **106 SAND PINE LANE**  
CITY-ST-ZIP **LONGWOOD FL**

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME **DP CAPLAN, ALLAN**  
STREET ADDRESS **106 SAND PIPE LANE**  
CITY-ST-ZIP **LONGWOOD FL**

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

**ALLAN CAPLAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES**

**6/24/96 407-788-2074**  
Date Daytime Phone #

CR2E034 (3/96)