## 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 #
1. Corporation Name

G50888

(8)

TOWSTOR MASTER SYSTEMS, INC.

Principal Place of Business	Mailing Address	

400 STATE BOAD 434 MODTH #2145

AGO STATE BOAD AND MORTH #0145

ALTAMONTE SPRINGS FL 32714		ALTAMONTE SPRINGS FL 32714					
				3. Date Incorporated or Qualified 07/22/1983	3a. Date of Last Report 02/28/1995		
	ace of Business	2a. Mailing Address 4/1	MONGOMBER 1	6 4. FEI Number	Applied For		
	MONTGOIDANI MD.	26 4/5 MON GO	nercy 1607	59-2408896	Not Applicable		
Suite, Apt. 6	#, etc.	Suite, Apt # etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	IONTE SPRINGS FL	City & State 28 ALTAMONTS 「	MULI YL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 327	. Country	29 327/4 30	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes		
<b>,</b>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Rec	istered Agent		
CA	DIAN ALIAN		81 Name				
CAPLAN, ALLAN 499 STATE ROAD 434 NORTH 82			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)			
	HTE 2145		3.00.700	areas (Tier Box Hamber to Free Free Free Free Free Free Free Fre			
	TAMONTE SPRINGS FL 32714		83				
,	Transitie of throotie oer it		84 City		<b>85</b> Zip Code		
11 Purcuant t	a the provisions of Sections 607 0502	2 and 607 1508. Florida Statutes	the above-named com	poration submits this statement for the pu	roose of changing its registered		
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 I) best on primed name of registered agent and still if applicable. (NOTE: Registered Agent's greature required when renstating):  OA's							
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC			
TITLE	D	DELETE	11 TITLE		Change Addition		
NAME	SCHIANO, STEPHANIE		1.2 NAME		5		
STREET ADDRESS	116 LAKEPOINTE CIRCLE		13 STREET ADDRESS		1		
CITY-ST-ZIP	KISSIMMEE FL	1 25.66	14 CHY - ST - ZiP		i i i i i i i i i i i i i i i i i i i		
THILE	D	DEFELE	2.1 TITLE		Change Addition C		
NAME	CAPLAN, CAROL J.		2.2 NAME				
STREET ADDRESS	106 SAND PINE LANE		2.3 STREET ADDRESS				
CITY - ST - ZIP	LONGWOOD FL	Doubte.	2 4 CITY - ST - ZIP		Cooper   New York		
TITLE	DP	DELETE	3 1 TIFLE		Change Addition		
NAME	CAPLAN, ALLAN		3 2 NAME				
STREET ADDRESS	106 SAND PIPE LANE		3 3 STREET ADDRESS				
CITY-ST-ZIP	LONGWOOD FL	I DELETE	34 CiTY-ST-ZIP		Change Addition		
TITLE	:		4 1 TIFLE		FTT cuands FTT wonger.		
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET ADDRESS				
CITY - ST - ZIP		T I DELETE	4 4 CITY - ST - ZIP		Change Addition		
TITLE		DELETE	5 1 TITLE				
NAME			5 2 NAMÉ				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP		DELETT	5 4 CITY - ST - 7IF		Change Addition		
TITLE		DELETE	61 TITLE		Change Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADORESS				
CiTY-ST-ZiP	and the information	durite this black is not obtain the	64 CiTY-ST-7iP	alify for the exemption stated in Section 1	10.07(3)(k). Florid : Statutos 1		
i is. i do neret	ov centry that the information supplied	a with this ning is voluntably turni:	sned and does not qua	ану юг инс ехетирион Stated иг асстоп Т	ra organiky, r ionicia alatities 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 12 or Block 13 or on an attachment with an address.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES - ALLAN CAPLAN 6/24/96 407.788.20PY