FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



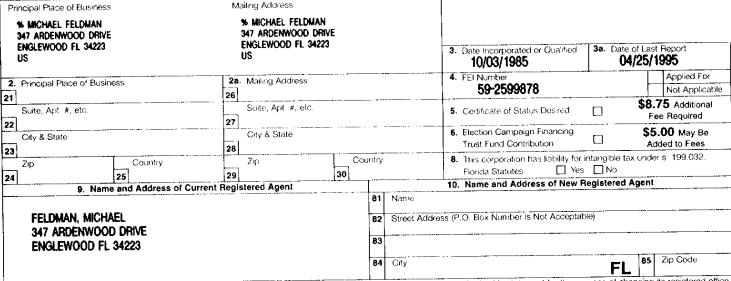
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # H79101 (2)

THE TOWERS REALTY MANAGEMENT CORP.



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

Signature: Signature: typed or proded native of it, proved agent and the disposable (it is it.) OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1 1 TITLE	Change Addition
IAME	FELDMAN, MICHAEL		1.2 NAME	
TREET ADDRESS	347 ARDENWOOD DRIVE		1,3 \$1KEET ADDRESS	
TY-ST-ZIP	ENGLEWOOD FL		1.4 CITY - ST - ZIP	
TLE		DELETE	2 1 TITLE	Change Addition
AME			2.2 NAME	
TREET ADDRESS			2.3 STREET ADDRESS	
ITY-ST-ZIP			2 4 CITY - ST - ZIP	
ITLE		☐ DELETE	3 1 T-TLE	Change Addition
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ofle		☐ DELF1E	4 1 TITLE	Crange Addition
IAME			4.2 NAME	
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CITY-ST-ZIP			44 CITY ST-ZIP	
IITLE		DEFELE	5 1 THLE	Change Addition
NAME			5.2 NAME	
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DITY - ST - ZIP			5.4 CITY - ST - ZIP	
MILE		DELETE.	6 1 TiT.E	Change Additio
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City - St - ZIP			64 O(T) - ST - Z P	for the execution stated in Section 119.07/3/ki. Florida Statutes Liturther

14. I do hereby certify that the information supplied with this firing 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 certify that I 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 certify that I 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 certify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 13 or Block 13 or Block 13 or Block 14 or Block 15 or Block 15

SIGNATURE:

NAME OF SIGNING OFFICER OF DIRECTOR