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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J39401

1. Corporation Name

FLORIDA CITRUS TOWER, INC.

Principal Place of Business

**141 N US HWY 27
CLERMONT FL 34711
US**

Mailing Address

**P O BOX 120861
CLERMONT FL 34712
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1986

4. FEI Number

59-2732137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9700 S. Dixie Hwy

2a. Mailing Address

26 P.O. Box 6298

Suite, Apt. #, etc.

22 Ste 1030

Suite, Apt. #, etc.

27

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33156

Country

25 USA

Zip

29 33256-6298

Country

30 USA

9. Name and Address of Current Registered Agent

**SAMOLE, MYRON M.
11270 S.W. 59TH AVE.
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

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

9700 S. DIXIE HWY

83 SUITE 1030

84 City MIAMI

FL 85 Zip Code 33156

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 ☐ DELETE

**TITLE PD
NAME SAMOLE, MYRON M.
STREET ADDRESS 11270 S.W. 59TH AVE.
CITY-ST-ZIP MIAMI FL**

☐ DELETE

**TITLE TD
NAME HARTE, SAMUEL
STREET ADDRESS 7251 S.W. 129TH ST.
CITY-ST-ZIP MIAMI FL**

☐ DELETE

**TITLE SD
NAME LEWIS, JOHN M.
STREET ADDRESS 9400 S. DADELAND BLVD.
CITY-ST-ZIP MIAMI FL**

☒ DELETE

**TITLE D
NAME KRASNOW, HERSEL
STREET ADDRESS 1111 KANE CONCOURSE
CITY-ST-ZIP BAY HARBOR ISLANDS FL**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Myron M. Samole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYRON M. SAMOLE, PRES. 4/29/99
Date

305 670 5070
Daytime Phone #

CR2E034 (11/98)