

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J43031 (0)

1. Corporation Name
TOWERMARC CONSTRUCTION CORP.

APPROVED
AND
FILED

1996 MAY -1 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
% DAVID G. MULLOCK
ONE HARBOUR PLACE
TAMPA FL 33602

Mailing Address
% DAVID G. MULLOCK
ONE HARBOUR PLACE
TAMPA FL 33602

3. Date Incorporated or Qualified 11/18/1986	3a. Date of Last Report 03/08/1995
4. FEI Number 58-1714461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 c/o Towermarc Corp. Suite, Apt. #, etc. 22 260 Franklin Street City & State 23 Boston, MA 02110 Zip 24 02110	2a. Mailing Address 26 c/o Towermarc Corp. Suite, Apt. #, etc. 27 260 Franklin Street City & State 28 Boston, MA 02110 Zip 29 02110
---	--

9. Name and Address of Current Registered Agent

PEEK, JR. S I
1511 N WESTSHORE BLVD., #1130
5TH FLOOR
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name INTRASTATE REGISTERED AGENT CORPORATION	85 Zip Code 33131
82 Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue, Suite 3000	
83	
84 City Miami	FL

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. INTRASTATE REGISTERED AGENT CORPORATION

By: *[Signature]*

Morris H. Miller, Vice-President

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP DV HARRIS, MICHAEL E. 6410 POPLAR, STE 300 MEMPHIS TN <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DV D. Scott Ross 260 Franklin St., Ste. 1840 Boston, Ma. 02110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CPD VINIADIS, POLYMIOS C. 2 PICKWICK PLAZA, 4TH FLOOR GREENWICH CT <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DVST Salvatore Campofranco 260 Franklin St., Ste. 1840 Boston, Ma. 02110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 300001803913 -05/01/96--01094--025 ***\$200.00 ***\$200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE x

D. Scott Ross

4/30/96

617-439-
9077

CR2E034 (12/95)