

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J72895** (2)
1. Corporation Name
MULTI-TOWER CORP.



Principal Place of Business Mailing Address
% LONDON REAL ESTATE COMPANY
50 W. MASHTA DR
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified **05/12/1987** 3a. Date of Last Report **03/30/1995**
4. FEI Number **65-0007207** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

g. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS INC
2601 SO. BAYSHORE DRIVE
19TH FLR.
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the Registered Agent (Typed or Printed Name)

Signature of the Registered Agent (Typed or Printed Name)

Date

12. OFFICERS AND DIRECTORS

12.1 NAME	D LONDON, I. EDWARD	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	50 W. MASHTA DR	
12.3 CITY, ST., ZIP	KEY BISCAYNE FL	
12.4 NAME	D TOBIN, RICHARD W.	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS	100 NW 37TH AVE	
12.6 CITY, ST., ZIP	MIAMI FL	
12.7 NAME	D HIRSCH, NATHAN	<input type="checkbox"/> DELETE
12.8 STREET ADDRESS	7300 SW 62ND PL. 3RD FL	
12.9 CITY, ST., ZIP	SOUTH MIAMI FL	
12.10 NAME		<input type="checkbox"/> DELETE
12.11 STREET ADDRESS		
12.12 CITY, ST., ZIP		
12.13 NAME		<input type="checkbox"/> DELETE
12.14 STREET ADDRESS		
12.15 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST., ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST., ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST., ZIP	

14. I 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. 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 of this report on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

(305) 361-9720

CR2E034 (12/95)