

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J89912 (6)

1. Corporation Name  
TOWERS OF CORAL SPRINGS, INC.

Principal Place of Business

2855 UNIVERSITY DRIVE  
SUITE 110  
CORAL SPRINGS FL 33065  
US

Mailing Address

2855 UNIVERSITY DRIVE  
SUITE 110  
CORAL SPRINGS FL 33065-1400  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

ORNER, HOWARD  
2855 UNIVERSITY DR.  
SUITE 110  
CORAL SPGS FL 33065

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

08/31/1987

3a. Date of Last Report

03/28/1996

4. FEI Number

65-0035795

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

10. Name and Address of New Registered Agent

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, type, or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD  
NAME FRAYND, PAUL  
STREET ADDRESS 2855 UNIVERSITY DRIVE, SUITE 110  
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ DELETE

TITLE D  
NAME FRAYND, SAUL  
STREET ADDRESS 2855 UNIVERSITY DRIVE, SUITE 110  
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ DELETE

TITLE D  
NAME FRAYND, MARCOS  
STREET ADDRESS 2855 UNIVERSITY DRIVE, SUITE 110  
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ DELETE

TITLE PD  
NAME ORNER, HOWARD  
STREET ADDRESS 2855 UNIVERSITY DRIVE, SUITE 110  
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Howard Orner, President

3/26/97

Date

(954) 752-0202

Daytime Phone #

CR2E034 (9/96)