

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89912

FILED  
Jul 10, 2004  
Secretary of State

Entity Name: TOWERS OF CORAL SPRINGS, INC.

**Current Principal Place of Business:**

2825 UNIVERSITY DR  
#350A  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

2825 UNIVERSITY DR  
#350A  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: 65-0035795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORNER, S HOWARD  
2825 UNIVERSITY DR  
#350A  
CORAL SPRINGS, FL 33065

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: FRAYND, PAUL  
Address: 2825 UNIVERSITY DR #350A  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: FRAYND, SAUL  
Address: 2825 UNIVERSITY DR #350A  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: FRAYND, MARCOS  
Address: 2825 UNIVERSITY DR #350A  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PD ( ) Delete  
Name: ORNER, HOWARD  
Address: 2825 UNIVERSITY DR #350A  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S HOWARD ORNER

PD

07/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date