

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 # **L00021** (0)

1. Corporation Name
TOWER MANAGING, INC.



Principal Place of Business: **C/O NORMAN D. TRIPP, 110 SE 6TH ST., 28TH FL, FT. LAUDERDALE FL 33301**
Mailing Address: **C/O JOHN DAMIAN, P O BOX 22776, FT. LAUDERDALE FL 33335, US**

3. Date Incorporated or Qualified: **07/06/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0171229**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
TRIPP, NORMAN D., 110 SE SIXTH STREET - 28TH FLOOR, FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

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 agent 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	EGAN, MICHAEL S.	
STREET ADDRESS	110 SE 6TH ST.-29TH FL.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORSE, EDWARD J.	
STREET ADDRESS	1240 N. FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, WILLIAM H., JR.	
STREET ADDRESS	55 E. MONROE ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TRIPP, NORMAN D.	
STREET ADDRESS	110 SE 6TH ST.-28TH FL.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHAILER, PHILIP S.	
STREET ADDRESS	110 SE 6TH ST.-29TH FL.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, BRENT D.	
STREET ADDRESS	110 SE 6TH ST.-30TH FL.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T.D. STEWART, GREGG, #
2.3 STREET ADDRESS	110 SE 6TH ST.
2.4 CITY-ST-ZIP	FT. LAUDERDALE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	800001804198
4.4 CITY-ST-ZIP	-05/02/96--01013--003
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***2000.00
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Philip S. Shailer* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Philip S. Shailer

Date: **4/19/96**
Date: _____
Da/De Phone # _____

CR2E034 (12/95)

5/2/96