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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L47998

(4)

TOWER TERRACE II, INC.

	Mailing Address				FIGUR DIDIR BIBLI WEBUT DIBIA	
	Mailing Address 50 N. LAURA STREET SUITE 2200					
SUITE 2200						
ACKSONVILLE FL 32202	JACKSONVILLE FL 32202-	-3625				
JS (US		3. Date Incorporated or Qualified 02/05/1990	3a. Date of Last F 02/28/1996	leport	
2. Principal Pace of Business	2a. Mailing Address			4. FEI Number		oplied For
1 2	···)			59-2992654	⊢ —+	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.					Additional
2	7			5. Certificate of Status Desired		equired
Orty & State	City & State			6. Election Campaign Financing	\$5.00	May Be
3 2		1		Trust Fund Contribution		to Fees
Zip Country	Zip Ti	Count	'y	8. This corporation has liability for in	ntangible tax under s Yes - No	. 199.032,
25 25 25 25 26 26 26 25 26 26 26 26 26 26 26 26 26 26 26 26 26	, ,	[30]		Florida Statutes 10. Name and Address of New Reg		
WALTERS, MICHAEL A.	,	8	Name	10.		
8135 GREEN GLADE ROAD		 	5	(D.O. D. M. L Market		
JACKSONVILLE FL 32256		82 Street Add		dress (P.O. Box Number is Not Acceptable	16)	
OHOHOOHHEEL I E SEESS		8:	3		, , , , , , , , , , , , , , , , , , , 	
		84	City		as Zin	Code
			,		FL	
11. Pursuant to the provisions of Sections 607,0502 and	d 607.1508, Florida Statu	utes, the abo	ve-named cor	poration submits this statement for the pr	urpose of changing i	ts registered
office or registered agent or both, in the State of Fla agent. Lam familiar with, and accept the obligations	onda. Such change was a of, Section 607.0505, F	s authorizeo t Florida Statute	by the corpora as.	ation's board of directors. I hereby accep	it the appointment as	registereo
SIGNATURE						
Signature, typed or printed name of registered agen, and			gent signature requ	uired when reinstaling)	DATE	
Signature, typed or profiled name of regions of ages and 12. OF FICE RS AND DIF	RECTORS	13.		ured when reinstaling) ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
Signature, typical or printed name of regions of agen, and 12. OF FICE RS AND DIF TITLE DP		13. 1.1 DILE				RS IN 12
Signature, typical or printed name of regions of agen, and 12. OFFICERS AND DIF TITLE DP NAME BAUMER, THOMAS M.	RECTORS DELETE	13. 1.1 TITLE 1.2 NAME			ERS AND DIRECTOR	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97

904-35B-2022

yume Phone #

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Feb 06 1997 8:00am

Secretary of State

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