

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 16 AM 10:41

**DOCUMENT # L50029 (2)**

1. Corporation Name

**TOWER DELI, INC.**

Principal Place of Business

Mailing Address

2124 S UNIVERSITY DR  
DAVIE FL 33324

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DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/08/1990** 3a. Date of Last Report **04/13/1994**

4. FEI Number **65-0171944** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Finance and Trust Fund Contributions  **\$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 26  
22 Suits, Apt #, etc. 27 Suits, Apt #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDSTEIN, ALAN S.  
2114 S UNIVERSITY DR  
DAVIE FL 33324**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable) **2124 S. UNIVERSITY DRIVE**  
B3  
B4 City **FL** B5 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 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 *Alan Goldstein* (Signature of current registered agent and his successor) DATE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
TITLE <b>PD</b>	NAME <b>GOLDSTEIN, ALAN S.</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>2143 NOVA VILLAGE DR</b>	CITY-ST-ZIP <b>DAVIE FL</b>	1.2 NAME	1.3 STREET ADDRESS <b>470 S.W. 101 AVENUE</b>
		1.4 CITY-ST-ZIP	<b>PLANTATION, FL 33324</b>
TITLE <b>VD</b>	NAME <b>DAVID, ALLAN A.</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>5380 SW 114TH TER</b>	CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	2.2 NAME	2.3 STREET ADDRESS
		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	NAME <b>DAVID, CAROL</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>5380 SW 111 TERR</b>	CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	3.2 NAME	3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>GOLDSTEIN, AMY</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>2140 NOVA VILLAGE DR</b>	CITY-ST-ZIP <b>DAVIE FL</b>	4.2 NAME	4.3 STREET ADDRESS <b>d/s</b>
		4.4 CITY-ST-ZIP	<b>470 S.W. 101 AVENUE</b>
			<b>PLANTATION, FL 33324</b>
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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)(b), 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, the recorder 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, changed, or on an attachment with an address.

SIGNATURE: *Alan Goldstein* 6-13-95 (305) 452-8202  
DATE: \_\_\_\_\_

CR2E034 (3/95)