

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 # **M82023** (6)

1. Corporation Name

TOWER OF INDIALANTIC, INC.



Principal Place of Business

**503 N ORLANDO AVE., #105
P.O. BOX 320808
COCOA BEACH FL 32932-7808**

Mailing Address

**503 N ORLANDO AVE., #105
P.O. BOX 320808
COCOA BEACH FL 32932-7808**

3. Date Incorporated or Qualified

05/23/1988

3a. Date of Last Report

11/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3027452

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN B. SHOEMAKER, ESQ
503 N ORLANDO AVE
STE 105
COCOA BEACH FL 32931**

81. Name

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

83.

84. City

FL

85. 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

Signature, typed or printed name of registered agent and their appointment

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KODSI, JOSEPH	
STREET ADDRESS	505 NO. ORLANDO AVE.	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	KODSI, ALBERT	
STREET ADDRESS	505 NO. ORLANDO AVE.	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KODSI, ALBERT	
STREET ADDRESS	505 NO. ORLANDO AVE.	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHOEMAKER, JOHN B	
STREET ADDRESS	503 N ORLANDO AVE - STE 105	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KODSI, ALBERT	
1.3 STREET ADDRESS	503 N. ORLANDO AVENUE, #105	
1.4 CITY - ST - ZIP	COCOA BEACH, FLORIDA 32931	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PLUM, VICTORIA	
2.3 STREET ADDRESS	503 N. ORLANDO AVENUE, #105	
2.4 CITY - ST - ZIP	COCOA BEACH, FLORIDA 32931	
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		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Shoemaker

Date

Daytime Phone #

4/30/96

407 724 3261

CR2E034 (12/95)