


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M89301 (9)					
1. Corporation Name TOWERS REALTY GROUP, INC.					
Principal Place of Business 18430 COLLINS AVENUE N. MIAMI BCH FL 33180 US			Mailing Address 18430 COLLINS AVENUE N. MIAMI BCH FL 33180-2428 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/05/1988 3a. Date of Last Report 06/10/1996	
4. FEI Number 65-0065974		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BONNARDEL, KENNETH 18430 COLLINS AVENUE MIAMI BEACH FL 33180			10. Name and Address of New Registered Agent 1 Name 2 Street Address (P.O. Box Number is Not Acceptable) 3 4 City FL 5 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 title if applicable) (NOTE: Registered agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1. TITLE <input checked="" type="checkbox"/> DELETE NAME VPS STREET ADDRESS BONNARDEL, MARJORIE CITY-ST-ZIP 290 174TH STREET, UNIT 1503 N MIAMI BEACH FL					
2. TITLE <input type="checkbox"/> DELETE NAME P 15/T STREET ADDRESS BONNARDEL, KENNETH CITY-ST-ZIP 20130 NE 28TH AVE N. MIAMI BCH FL					
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CR2E034 (9/96)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

931-9700

Date

Daytime Phone #