

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

96 JUL 29 AM 11:47

DOCUMENT # **M90486 (5)**
 1. Corporation Name
TOWERMARC NORTHWEST, INC.



Principal Place of Business Mailing Address
1511 N. WEST SHORE BLVD. TAMPA FL 33607 **1511 N. WEST SHORE BLVD. TAMPA FL 33607**

2. Principal Place of Business 21 550 N. Reo St		2a. Mailing Address 26 260 Franklin St.		3. Date Incorporated or Qualified 07/21/1988	3a. Date of Last Report 02/14/1995
Suite, Apt. #, etc. 22 S # 300		Suite, Apt. #, etc. 27 1840		4. FEI Number 59-2901884	Applied For Not Applicable
City & State 23 Tampa FL		City & State 28 Boston MA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33609	Country 25	Zip 29 02110	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent SECOND BENJAMIN, INC. 1511 N WESTSHORE BLVD. TAMPA FL 33607				8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					

81 Name	INTRASTATE REGISTERED AGENT CORPORATION				
82 Street Address (P.O. Box Number is Not Applicable)	700 Brickell Avenue				
83					
84 City	Miami	85 State	FL	86 Zip Code	33131

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]* (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS		DELETE
TITLE	V	<input checked="" type="checkbox"/>
NAME	PEEK, SCOTT I.	
STREET ADDRESS	1511 WESTSHORE #150	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVST	<input checked="" type="checkbox"/>
NAME	HARRIS, MICHAEL E.	
STREET ADDRESS	6410 POPLAR AVENUE, #300	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	CPD	<input type="checkbox"/>
NAME	VINTIADIS, POLYVIOS C.	
STREET ADDRESS	2 PICKWICK PLAZA, 4TH FLOOR	
CITY-ST-ZIP	GREENWICH CT	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		Change	Addition
11 TITLE	Sr. V.P.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	D. Scott ROSS		
13 STREET ADDRESS	260 Franklin St		
14 CITY-ST-ZIP	Boston, MA 02110	<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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)(f), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 7.16.96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)