

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000077179

1. Entity Name
TOWER EQUITIES RE, INC.



Principal Place of Business
% DAVID M. BAUMAN
7119 W. BROWARD BLVD.
PLANTATION, FL 33317

Mailing Address
PO BOX 690785
MINT HILL, NC 28227

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1150485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAUMAN, DAVID M ESQ.
7119 W. BROWARD BLVD.
PLANTATION, FL 33317

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHECHER, RICHARD J SR
STREET ADDRESS	101 NORTH OCEAN DR SUITE 8
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	ST
NAME	PATRLJA, LISA A
STREET ADDRESS	101 NORTH OCEAN DR SUITE 8
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	VP
NAME	SCHECHER, RICHARD J JR
STREET ADDRESS	101 NORTH HOLLYWOOD DR SUITE 8
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000788723
01/18/08-80053-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD J SCHECHER SR

01/14/08 (704) 724-5034