

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P04148** (3)
1. Corporation Name
TOWERMARC CORPORATION

Principal Place of Business Mailing Address
6410 POPLAR AVE. SUITE 300 MEMPHIS TN 38119

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/27/1984** 3a. Date of Last Report **03/16/1994**

4. FEI Number **65-0845123** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$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. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
**MULOCK, DAVID G.
ONE HARBOUR PLACE
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name **Scott I. Peek, Jr.**

82. Street Address (P.O. Box Number is Not Acceptable) **1511 N. Westshore Blvd., Suite 1130**

83. City **Tampa**

84. City **Tampa** 85. Zip Code **FL 33607**

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 Scott I. Peek, Jr. - Vice President x [Signature] DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	VINTIADIS, POLYVIOS
STREET ADDRESS	2 PICKWICK PLAZA, 4TH FLOOR
CITY - ST - ZIP	GREENWICH CT
TITLE	D
NAME	MAXWELL, JOHN
STREET ADDRESS	1755 KIRBY PARKWAY
CITY - ST - ZIP	MEMPHIS TN
TITLE	ST
NAME	HARRIS, MICHAEL E.
STREET ADDRESS	6410 POPLAR AVENUE, SUITE 300
CITY - ST - ZIP	MEMPHIS TN
TITLE	V
NAME	PEEK, SCOTT I.
STREET ADDRESS	1511 N WESTSHORE #150
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	WHITEHEAD, W. CARY
STREET ADDRESS	6410 POPLAR AVENUE, SUITE 300
CITY - ST - ZIP	MEMPHIS TN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 110.07(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, 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 and Block 13 of this report, or in an attachment with an address.

SIGNATURE: [Signature] Michael E. Harris 1/30/95 901 683 2444
(Type Signature and Print Name of Signing Officer or Director) (Date) (Phone Number)