

**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.)**



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

PROFIT CORPORATION
ANNUAL REPORT
1996

DOCUMENT # **P04148 (3)**

1. Corporation Name
TOWERMARC CORPORATION

85 AUG - 9 P1112:29
SEARCHED OF STATE



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

3. Date Incorporated or Qualified **11/27/1984** 3a. Date of Last Report **03/07/1995**
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 **Towermarc Corporation** 26 **Towermarc Corporation**
Suite, Apt #, etc. Suite, Apt #, etc.
22 **260 Franklin Street** 27 **260 Franklin Street**
City & State City & State
23 **Boston, MA 02110** 28 **Boston, MA 02110**
Zip Country Zip Country
24 **02110** 25 Country 29 **02110** 30 Country

9. Name and Address of Current Registered Agent
**PERK, JR. S I
1511 N WESTSHORE BLVD
SUITE 1130
TAMPA FL 33607**

10. Name and Address of New Registered Agent
81 Name **Intrastate Registered Agent Corporation**
82 Street Address (P.O. Box Number is Not Acceptable) **701 Brickell Avenue**
83
84 City **Miami** FL 85 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **VICE PRESIDENT** **7/31/96**
Signature of the person named as the registered agent and the filer (applicable) (NOTE: Registered Agent Signature required when registered agent is changed.)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE:	Senior V.P. & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	D. Scott Ross
	260 Franklin St., Suite 1840,
	Boston, MA 02110
TITLE:	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	Adnan Bogary
	Two Pickwick Plaza, 4th floor
	Greenwich, CT 06830
TITLE:	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	Dr. Mohammed Al-Mutabagani
	Two Pickwick Plaza, 4th floor
	Greenwich, CT 06830
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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08/02/96 01054-008
***225.00 ***225.00

[Signature]
8-9-96

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 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** **617-439-9077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of Filing Date of Filing

CR2E034 (3/96)