

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000071677 (6)

1. Corporation Name

TROWER FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**2101 W. COMMERCIAL BLVD.
SUITE 4100
FORT LAUDERDALE FL 33309**

**2101 W. COMMERCIAL BLVD.
SUITE 4100
FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0529289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORMAN, ROBERT S
2101 W. COMMERCIAL BLVD.
SUITE 2100
FORT LAUDERDALE FL 33309**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

12. OFFICERS AND DIRECTORS

**D
TROWER, GILBERT C
2101 W. COMMERCIAL BLVD., SUITE 4100
FORT LAUDERDALE FL 33309**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP**

☐ Change ☐ Addition

**11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP**

☐ Change ☐ Addition

**11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP**

☐ Change ☐ Addition

**11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP**

☐ Change ☐ Addition

**11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP**

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), 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 057, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gilbert C. Trower

4-3-95

800-780-1367