

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. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000092049 (3)**

1. Corporation Name

ITCON TOWER V, INC.



Principal Place of Business

Mailing Address

**1111 LINCOLN ROAD STE. 800
MIAMI BEACH FL 33139**

**1111 LINCOLN ROAD STE. 800
MIAMI BEACH FL 33139**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1994		3a. Date of Last Report 04/18/1995	
21		26		4. FEI Number 65-0542575		☐ Applied For ☐ Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

**WERNER, MICHAEL B
1111 LINCOLN ROAD STE. 800
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☒ DELETE	1.1 TITLE	P/D ☐ Change ☒ Addition
NAME	WERNER, MICHAEL B	1.2 NAME	Rosen, Paul
STREET ADDRESS	1111 LINCOLN ROAD, #800	1.3 STREET ADDRESS	2055 S.W. 122nd Ave. #128
CITY-STATE-ZIP	MIAMI BEACH FL 33139	1.4 CITY-STATE-ZIP	Miami FL 33175
TITLE	☐ DELETE	2.1 TITLE	S/T/D ☒ Change ☐ Addition
NAME		2.2 NAME	Werner, Michael
STREET ADDRESS		2.3 STREET ADDRESS	1111 Lincoln Road #800
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Miami Beach, FL 33139
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 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 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL ROSEN, PRESIDENT

DATE

Daytime Phone #

4/9/96

205-226-9200

CR2E034 (3/96)