

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Gandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008449
1. Corporation Name

Tower Food + Beverage, Inc.

FILED

97 MAY -8 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
5/1/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 450 E. Las Olas Blvd.

26 450 E. Las Olas Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 1200

27 Ste. 1200

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

24 33301

29 33301

Country

Country

4. FEI Number
65-6558305

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name *CT Corporation System*

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

83 1200 S. Pine Island Rd.

84 City *Plantation*

FL

85 Zip Code
33324

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, the provisions of the Florida Statutes.

SIGNATURE

Connie Bryan

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

5/8/97

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

(NOTE: Registered Agent Signature Required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME *Thomas W. Hawkins*
STREET ADDRESS *450 E. Las Olas Blvd. Ste. 1200*
CITY-ST-ZIP *Ft. Lauderdale, FL 33301*

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
000002173440--5
-05/09/97--01107--003
******165.00** ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME *Richard L. Handley*
STREET ADDRESS *450 E. Las Olas Blvd. Ste. 1200*
CITY-ST-ZIP *Ft. Lauderdale, FL 33301*

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME *Steven Berrard*
STREET ADDRESS *450 E. Las Olas Blvd. Ste. 1200*
CITY-ST-ZIP *Ft. Lauderdale, FL 33301*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME *n. maria menendez*
STREET ADDRESS *110 SE 6th St.*
CITY-ST-ZIP *Ft. Lauderdale, FL 33301*

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)