

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000051281 (0)

1. Corporation Name

CLEARVIEW TOWERS, INC..



Principal Place of Business

**1111 LINCOLN ROAD -
SUITE 500 -
MIAMI FL 33139 -**

Mailing Address

**1111 LINCOLN ROAD -
SUITE 500 -
MIAMI FL 33139 -**

3. Date Incorporated or Qualified

06/29/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 **2829 Indian Creek Drive**

26 **2829 Indian Creek Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 **Miami Beach, Florida**

28 **Miami Beach, Florida**

Zip

Country

Zip

Country

24 **33140**

25 **Dade**

29 **33140**

30 **Dade**

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

**WOOD, RICHARD A ESQ.
1111 LINCOLN ROAD
SUITE 500
MIAMI FL 33139**

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when registering)

DATE

1/16/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **WOOD, RICHARD A ESQ.**
STREET ADDRESS **1111 LINCOLN ROAD, SUITE 500**
CITY-STATE-ZIP **MIAMI FL 33139 -**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **JOSEPH STERN**
1.3 STREET ADDRESS **1456 55th Street**
1.4 CITY-STATE-ZIP **Brooklyn, New York 11219**

2.1 TITLE **VP/AS/D** ☒ Change ☐ Addition
2.2 NAME **NICHOLAS M. DANIELS, ESQ.**
2.3 STREET ADDRESS **1111 Lincoln Road, Suite 500**
2.4 CITY-STATE-ZIP **Miami Beach, Florida 33139**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/22/96

CR2E034 (12/95)