

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000057873 (8)

1. Corporation Name
GROSS TOWER CORPORATION

Principal Place of Business
**170 WEST FAIRBANKS AVE
WINTER PARK FL 32789**

Mailing Address
**170 WEST FAIRBANKS AVE
WINTER PARK FL 32789-4360**



2. Principal Place of Business 21 170 W Fairbank Ave Suite, Apt. #, etc. 22 Suite #200 City & State 23 Winter Park FL Zip Country 24 32789 25 USA		2a. Mailing Address 26 170 W Fairbanks Ave Suite, Apt. #, etc. 27 Suite #200 City & State 28 Winter Park FL Zip Country 29 32789 30 USA		3. Date Incorporated or Qualified 07/24/1995	3a. Date of Last Report 03/27/1996
		4. FEI Number 59-3359156	Applied For <input type="checkbox"/> Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

GROSS, JOHN
170 WEST FAIRBANKS AVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

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 to be legible

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE D NAME GROSS, HERB STREET ADDRESS 170 WEST FAIRBANKS AVE CITY, ST, ZIP WINTER PARK FL 32789	<input type="checkbox"/> DELETE	13.1 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 TITLE D NAME GROSS, JAMES STREET ADDRESS 170 WEST FAIRBANKS AVE CITY, ST, ZIP WINTER PARK FL 32789	<input type="checkbox"/> DELETE	13.2 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 TITLE D NAME GROSS, JOHN STREET ADDRESS 170 WEST FAIRBANKS AVE CITY, ST, ZIP WINTER PARK FL 32789	<input type="checkbox"/> DELETE	13.3 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	13.4 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	13.5 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	13.6 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

407
647-5557

CR2E034 (9/96)