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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000081026 (2) DOCUMENT

TOWER OPTICAL CORPORATION

FILED May 06 1997 8:00am Secretary of State



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1215 WALLACE DRIVE DELRAY BEACH FL 33444		1215 WALLACE DRIVE DELRAY BEACH FL 3344	1215 WALLACE DRIVE DELRAY BEACH FL 33444-1211					
					3. Date Incorporated or Qualified 09/27/1996	3a. Da	ate of Las	st Report
2. Principal Place of Business 21		2a. Mailing Address		4. FET Number - 07050	-C-Q		Applied For	
Suite, Apt	#. etc	Suite, Apt. #, etc.			0) 0,020	wy_	69.7	Not Applicable 5 Additional
22		27			5. Certificate of Status Desired		•	Required
City & Stat	te	City & State			6. Election Campaign Financing	П		00 May Be ed to Fees
7(p	Country 25	Zip 29	Country	y	Trust Fund Contribution 8. This corporation has liability for Florida Statutes	v intangible Ves	tax unde	
24)	9. Name and Address of Curre		30		10. Name and Address of New F			·····
			81	Name	14. Samue and Societe of Hotel	-Airesaide	- No. II	***************************************
KERN, KEITH D ESQ. 50 S.E. 4TH AVE.			62	<u> </u>	dress (P.O. Box Number is Not Accept	oblo)		
	LRAY BEACH FL 33483			1	uress (r.O. bux number, is not Accept	anie)		
			63	i				
ı			84	City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Stati	ites, the abov	e-named cor	rporation submits this statement for the		changin	o its registered
office or i	registered agent, or both, in the State	e of Florida, Such change was	authorized b	y the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	ept the app	ointment	as registered
	and the cooperio oblig	yanana an adamma dar ladadi, t	CONTRACTOR OF COLUMN	·	•			
SIGNATURE	Signature, typed or printed name of registered ag-	eschand title if populable PAG						
		per i ano uno irappinante. (NO)TE: Registered Ag	eni signature redi	uired when reinstating)	DATE		
12.		ID DIRECTORS	TE: Registered Ag	eni signature requ			DIRECT	ORS IN 12
12. Tike	OFFICERS AN			eni signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF		DIRECT Chang	
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information indicated on this a inval 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 dorporation 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 12 or Block 12 or on an attachment with an address.

Daytime Phone #