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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90020 037 \*\*\*150.00

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DOCUN 1. Corporation	MENT # S25498	(4)	<i>V</i>	ı	w <sub>ee</sub>
TOWER	RESTAURANT, INC.			Í	
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Principal Place	of Business	Mailing Address			
2190 SOUTHWEST UNIVERSITY DR. 2190 SOUTHWEST UNIVERSITY DR			SITY DR.		
DAVIE FL 3332	4	DAVIE FL 33324		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
]				01/11/1991	
2. Principal Pla	ace of Business	2a. Mailing Address	75-	4. FEI Number	Applied Fo
21/21900	S. University Dr.	2001100	wersity Dr.	65-0237532	Not Applica
Suite, Apt. 1	, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additiona Fee Required
22		27			
City & State	•	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	0	28 Jane 1	Country	This corporation owes or has paid the cu	
Zip 3.3	314 Country	29 <sup>28</sup> 33314	30	Personal Property Tax due June 30.	Yes No
24	9, Name and Address of Current	140	1	10. Name and Address of New Registered	Agent
COS	RPORATION SERVICE COMPANY		81 Name		
	1 HAYS STREET		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
t	LAHASSEE FL 32301-2525				
			83		
,	-		84 City		85 Zip Code
				F	
Affice of the	policiored apport or both in the State of	N FIORIDA SUCO COADDE WAS AL	imonzed by the corbolat	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as register
agent. I a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Flor	rida Statutes.	i	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (FIQTE	- Registered Agent signature requir	nd when reinstaling) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	D	DELETE	1,1 TITLE	:	Change Ad
NAME	MCDONALD, GERALD T		1 2 NAME		
STREET ADDRESS	7951 SW 6TH STREET #112		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	T estate	1 4 CITY-ST-ZIP		Change A
TITLE		☐ DELETE	2.1 TITLE		Griningo : ··
NAME			2.2 NAME	•	•
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TATLE		occure	32 NAME		
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CITY - ST - ZIP		DELETE	4.1 TITLE		Change . A.
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TITLE		DELETE .	61 IIILE		_ Change
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 amolficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears Block 12 or Block 13 if changed, or on an attachment with an address.

6 4 CITY - ST - 7IP

SIGNATURE: