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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Apr 29 1997	7 8:00am
Secretary of	of State

DOCUI	MENT # V0735 9	9 (5)			
	RASOTA TOWER, INC.				
) (4)
Principal Place	e of Business	Mailing Address	····	T COUNT EXIDENT ABOVE COUNT STREET BRIDE CONT.	îyênî dibit bibit bibit tibin bibit bibit tebi
2 NO TAMIAMI	TR	2 NO TAMIAMI TRAIL		}	
STE 710 SARASOTA FL	24220	STE 206 SARASOTA FL 34236-5541			
US TE	34230	US		3. Date Incorporated or Qualified	3a. Date of Last Report
				01/17/1992	05/02/1996
	hace of Business	2a. Mailing Address		4. FEI Number 65-0306993	Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.		0070000883	Not Applicable
22 Suite		27 Suite 710		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	***************************************	6. Election Campaign Financing	\$5.00 May Be
23	To other	28	Country	Trust Fund Contribution	Added to Fees
7(p)	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	intangible tax under s. 199.032, ☑ Yes □ No
<u> </u>	g. Name and Address of Curre		30]	10. Name and Address of New Re	
OWE	N, MARTI		81 Name		
	TAMIAMI TR		82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)
STE	7 1 =				
SAR	asota FL 34238		83		
			84 City		FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607.05	in 2 and 607 1508 Florida Statute	s the shove-named cov	ogration submits this statement for the n	
office or r	registered agent, or both, in the States familiar with, and accept the obli	te of Florida Such change was au	uthorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered
SIGNATURE	era devida Mor. Bro deveja (rie Obii	gations of, because corticos, i for	ida bidipida.		
	Signature, typed or printed name of registered a		Registered Agent signature requ		DATE
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
TITLE NAME :	WOLF, NORTON	□ otten	1.1 TITLE 1.2 NAME		C Swalles C veginon
STREET ADDRESS	572 WELLINGTON ST		1.3 STREET ADDRESS		1
CITY-ST-ZIP	LONDON, ONT., CAN.		1.4 CITY-ST-ZIP		
Tifle	T	☐ DELETE	2.1 TITLE		Change Addition
NAME	WOLF, RON		2.2 NAME		Į
STREET ADDRESS	572 WELLINGTON STR		2.3 STREET ADORESS		
CITY - ST - ZIP	LONDON ON		2 4 CITY-ST-ZIP		
THILE	S MARTI	☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME	OWEN, MARTI 2 N TAMIAMI TRAIL STE 710		3.2 NAME		ļ
STREET ADDRESS	SARASOTA FL 34236		3.3 STREET ADDRESS		
TOLE	WALLALL ALEA	DELETE	3.4 CITY-ST-ZIP		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS		•	5.3 STREET ADDRESS		
CITY - ST - ZIP		F-1 22, 222	5.4 CITY+ST-ZiP		1 0000
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
City-Styzip			6.3 STREET ADDRESS	•	
CHT-SI-ZIF	i e		= 0.4 UHT - 31 - /IP		Į.

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 if an anged, or on an attachment with an address.

SIGNATURE: