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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V52583

(4)

TOWER ENTERTAINMENT, INC.

Principal Place	o of Business	Mailing Address			
Principal Place of Business 789 COVENTRY STREET BOCA RATON FL 33487 US		769 CORENTRY ST. 7000 W. PALMETTO PARK BOCA RATON FL 33487-3			
		US		<ol> <li>Date Incorporated or Qualified 07/20/1992</li> </ol>	3a, Date of Last Report 05/01/1996
2. Principal Pi	lace of Business	2a. Mailing Address	L 01	4, FEI Number	Applied For
21			centry St	-, 65-0346162	Not Applicable
Suite, Apt.		Suite, Apt #, etc.	O	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e 	28 Sity & State Rat	on FT	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	29 3°3487	Country 30 US	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032.  Yes No
	g, Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Re	egistered Agent
	DING, RORY F.		81 Name		
	COVENTRY STREET		82 Street Ad	dress (P.O. Box Number is Not Accepta	bie)
BOO	CA RATON FL 33487		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508. Etorida Statut	on the about semed so	progration submits this statement for the	purpose of changing its registered
office or ri agent. I a	registered agent, or both, in the S	Itale of Florida Such change was bligations of, Section 607.0505, Fl	authorized by the corpor.	ration's board of directors. I hereby acce	pt the appointment as registered
office or ri agent. I al SIGNATURE	registered agent, or both, in the S	Itale of Florida Such change was	authorized by the corpor.	ration's board of directors. I hereby acce	pt the appointment as registered
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14. If 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 innual epoy of pauplemental 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 exporation of

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1127197 561-995-75

**FILED** 

Feb 04 1997 8:00am

Secretary of State