

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 199295 (7)
1. Corporation Name
SEA TOWER APARTMENTS, INC.



Principal Place of Business: 2840 NORTH OCEAN BLVD FT LAUDERDALE FL 33308
Mailing Address: 2840 NORTH OCEAN BLVD FT LAUDERDALE FL 33308

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/23/1957	04/27/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-0830092	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOLEY, GORDON 2840 N. OCEAN BLVD SUITE 907 FT. LAUDERDALE FL 33308				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 title if applicable) (NOTE: Registered Agent signature required when re-instating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLEY, GORDON			1.2 NAME			
STREET ADDRESS	2840 N. OCEAN BLVD, #907			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, ANGELA			2.2 NAME	HEUTLE, RUTH		
STREET ADDRESS	2840 N. OCEAN BLVD #1009			2.3 STREET ADDRESS	2840 N. Ocean Blvd. # 305		
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVINGSTON, PATRICK			3.2 NAME	RICCI, WILLIAM		
STREET ADDRESS	2840 N. OCEAN BLVD # 902			3.3 STREET ADDRESS	2840 N. Ocean Blvd. # 702		
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP	Ft. Lauderdale, FL		
TITLE	M	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIHULIC, RICHARD			4.2 NAME	PIHULIC, RICHARD		
STREET ADDRESS	2840 N. OCEAN BLVD #709			4.3 STREET ADDRESS	2840 N. Ocean Blvd.		
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY-ST-ZIP	Ft. Lauderdale, FL		
TITLE	M	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPINKS, KEN C.			5.2 NAME			
STREET ADDRESS	2840 N OCEAN BLVD #1003			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			5.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, ELEANOR			6.2 NAME			
STREET ADDRESS	2840 N OCEAN BLVD			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL			6.4 CITY-ST-ZIP			

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

SIGNATURE: *Gordon Foley* GORDON FOLEY 4/29/96 (954) 566-2632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)