

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 718998 (8)**

1. Corporation Name

**MIAMI BEACH MARIAN TOWERS, INC.**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR -9 AM 9:11**

Principal Place of Business: **C/O OFFICE OF HOUSING MANAGEMENT  
3075 NW 35TH AVE  
LAUDERDALE LKS FL 33311**

Mailing Address: **C/O OFFICE OF HOUSING MANAGEMENT  
3075 NW 35TH AVE  
LAUDERDALE LKS FL 33311**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/13/1970</b>	3a. Date of Last Report <b>04/18/1994</b>
4. FEI Number <b>23-7115014</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**FITZGERALD, J. PATRICK, ESQ.  
110 MERRICK WAY  
SUITE 2-C  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>STEIBEL, GARY R.</b>
STREET ADDRESS	<b>123 N.W. 6TH AVE.</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	<b>VD</b>
NAME	<b>ABELLO, EUGENE</b>
STREET ADDRESS	<b>3601 NW S RIVER DR</b>
CITY-ST-ZIP	<b>MIAMI, FL 0</b>
TITLE	<b>TD</b>
NAME	<b>MCCAUL, MICHAEL</b>
STREET ADDRESS	<b>2251 YUCCA AVENUE</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>PD</b>
NAME	<b>QUINLIVAN, J MARK</b>
STREET ADDRESS	<b>5730 SW 74TH ST STE 300</b>
CITY-ST-ZIP	<b>SOUTH MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>CONWAY, LAURENCE</b>
STREET ADDRESS	<b>17775 NORTH BAY RD.</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if amended, or on an attachment with an address.

SIGNATURE: *J. Mark Quinlivan* **J. MARK QUINLIVAN - PRESIDENT**  
DATE: **2/16/95** (305) 757-2824