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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718998

1. Corporation Name

MIAMI BEACH MARIAN TOWERS, INC.

Principal Place of Business

4740 N STATE ROAD 7
SUITE 106-BLDG C
LAUDERDALE LKS FL 33319
US

Mailing Address

4740 N STATE ROAD 7
SUITE 106-BLDG C
LAUDERDALE LKS FL 33319
US



2. Principal Place of Business

21 11440 N. Kendall Drive

Suite, Apt. #, etc.

22 Suite E-209

City & State

23 Miami, Fla.

Zip

24 33176

Country

25 USA

2a. Mailing Address

26 11440 N. Kendall Drive

Suite, Apt. #, etc.

27 Suite E-209

City & State

28 Miami, Fla.

Zip

29 33176

Country

30 USA

3. Date Incorporated or Qualified

08/13/1970

4. FEI Number

23-7115014

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME D. STEIBEL, GARY R.
STREET ADDRESS 123 N.W. 6TH AVE.
CITY-ST-ZIP HALLANDALE FL

TITLE DELETE

NAME VD. ABELLO, EUGENE
STREET ADDRESS 2736 SW 7TH AVE
CITY-ST-ZIP MIAMI, FL 0

TITLE DELETE

NAME TD. MCCAUL, MICHAEL
STREET ADDRESS 2251 YUCCA AVENUE
CITY-ST-ZIP PEMBROKE PINES FL

TITLE DELETE

NAME PD. QUINLIVAN, J MARK
STREET ADDRESS 5730 SW 74TH ST STE 300
CITY-ST-ZIP SOUTH MIAMI FL

TITLE DELETE

NAME SD. CONWAY, LAURENCE
STREET ADDRESS 17775 NORTH BAY RD.
CITY-ST-ZIP MIAMI BEACH FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Quinlivan

3/25/99

Date

(305) 757-2824

Daytime Phone #

CR2E037 (11/98)

0039253