

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719987 (0)

1. Corporation Name
THE TOWERS OF KEY BISCAIYNE, INC.



Principal Place of Business 1121 CRANDON BLVD KEY BISCAIYNE FL 33149	Mailing Address 1121 CRANDON BLVD KEY BISCAIYNE FL 33149-2755
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/05/1971	3a. Date of Last Report 02/12/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-1409911	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KUPERMAN, MARC A., P.A. 1320 S. DIXIE HWY. SUITE 900 CORAL GABLES FL 33146		10. Name and Address of New Registered Agent	
81. Name	Michael L. Hyman		
82. Street Address (P.O. Box Number is Not Acceptable)	44 West Flagler St.; 14th Floor		
83. City	Courthouse Tower		
84. City	Miami	85. Zip Code	FL 33130

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1/20/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUG, ILEANA	1.2 NAME	Puig, Ileana
STREET ADDRESS	1121 CRANDON BLVD	1.3 STREET ADDRESS	1121 Crandon Blvd.
CITY-ST-ZIP	KEY BISCAIYNE FL	1.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPKIN, HERMAN	2.2 NAME	Popkin, Herman
STREET ADDRESS	1121 CRANDON BLVD	2.3 STREET ADDRESS	1121 Crandon Blvd.
CITY-ST-ZIP	KEY BISCAIYNE, FL 00000	2.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEND, MAXINE	3.2 NAME	Ellend, Maxine
STREET ADDRESS	1121 CRADON BLVD	3.3 STREET ADDRESS	1121 Crandon Blvd.
CITY-ST-ZIP	KEY BISCAIYNE FL	3.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, MR. K	4.2 NAME	Deutech, Morris
STREET ADDRESS	1121 CRANDON BLVD	4.3 STREET ADDRESS	1121 Crandon Blvd.
CITY-ST-ZIP	KEY BISCAIYNE, FL 00000	4.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAVELLI, MR. ALFRED	5.2 NAME	Feinschreiber, Robert
STREET ADDRESS	1121 CRANDON BLVD	5.3 STREET ADDRESS	1121 Crandon Blvd.
CITY-ST-ZIP	KEY BISCAIYNE, FL 00000	5.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, JOHN J	6.2 NAME	Pauli, Robert
STREET ADDRESS	1121 CRANDON BLVD.	6.3 STREET ADDRESS	1121 Crandon Blvd
CITY-ST-ZIP	DEY BISCAIYNE FL	6.4 CITY-ST-ZIP	Key Biscayne, FL 33149

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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.

SIGNATURE: *[Signature]* **Parker, President** DATE: **1/17/97 (305)** DAYTIME PHONE: **361-9114**

CR2E037 (9/96)