

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 719987 (0)
Corporation Name
THE TOWERS OF KEY BISCAWAYNE, INC.

Principal Place of Business Mailing Address
121 CRANDON BLVD KEY BISCAWAYNE FL 33149
1121 CRANDON BLVD KEY BISCAWAYNE FL 33149-2755

26. Mailing Address Suite, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified 01/05/1971
3a. Date of Last Report 02/12/1997
4. FEI Number 59-1409911 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Maxine S. Ellend
1121 Crandon Blvd. Unit D-907
Key Biscayne, FL 33149

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Admittable) 100002588701
83 -07/14/98--01078--016
84 City ***\$61.25
85 Zip Code FL

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: *Maxine S. Ellend* DATE: 4/28/98
Signature of registered agent or previous name of registered agent. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE	S PUG, ILEANA <input checked="" type="checkbox"/> DELETE
NAME	PUG, ILEANA
STREET ADDRESS	1121 CRANDON BLVD
CITY - ST - ZIP	KEY BISCAWAYNE FL
TITLE	D POPKIN, HERMAN <input checked="" type="checkbox"/> DELETE
NAME	POPKIN, HERMAN
STREET ADDRESS	1121 CRANDON BLVD
CITY - ST - ZIP	KEY BISCAWAYNE, FL 00000
TITLE	D ELLEND, MAXINE <input type="checkbox"/> DELETE
NAME	ELLEND, MAXINE
STREET ADDRESS	1121 CRANDON BLVD
CITY - ST - ZIP	KEY BISCAWAYNE FL
TITLE	PD PARKER, MR. K <input type="checkbox"/> DELETE
NAME	PARKER, MR. K
STREET ADDRESS	1121 CRANDON BLVD
CITY - ST - ZIP	KEY BISCAWAYNE, FL 00000
TITLE	T Deutsch, Morris <input type="checkbox"/> DELETE
NAME	Deutsch, Morris
STREET ADDRESS	1121 Crandon Blvd
CITY - ST - ZIP	Key Biscayne, FL 33149
TITLE	D Feinschreiber, Robert <input checked="" type="checkbox"/> DELETE
NAME	Feinschreiber, Robert
STREET ADDRESS	1121 Crandon Blvd.
CITY - ST - ZIP	Key Biscayne, FL 33149

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Minetti, Carlos
1.3 STREET ADDRESS	1121 Crandon Blvd.
1.4 CITY - ST - ZIP	Key Biscayne, FL 33149
2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Auchter, Paul
2.3 STREET ADDRESS	1121 Crandon Blvd.
2.4 CITY - ST - ZIP	Key Biscayne, FL 33149
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ellend, Maxine
3.3 STREET ADDRESS	1121 Crandon Blvd
3.4 CITY - ST - ZIP	Key Biscayne, FL 33149
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Parker, Mr. K
4.3 STREET ADDRESS	1121 Crandon Blvd
4.4 CITY - ST - ZIP	Key Biscayne, FL 33149
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lessler, Alan
5.3 STREET ADDRESS	1121 Crandon Blvd.
5.4 CITY - ST - ZIP	Key Biscayne, FL 33149
6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Coburn, Paul
6.3 STREET ADDRESS	1121 Crandon Blvd
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(6)(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 its 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 or as an attachment with an address.

SIGNATURE: *Maxine S. Ellend* (305) 361-9114