

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 743248

(7)

1. Corporation Name

ST. JOSEPH TOWERS, INC.



Principal Place of Business

Mailing Address

% OFFICE OF HOUSING MGT
3075 NE 35TH AVENUE
LAUDERDALE LAKES FL 33311

% OFFICE OF HOUSING MGT
3075 NE 35TH AVENUE
LAUDERDALE LAKES FL 33311

3. Date Incorporated or Qualified

06/14/1978

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1844046

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

24

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGERALD & PORTUONDO
110 MERRICK WAY, STE. 2-C
CORAL GABLES FL 33134**

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 officer 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 **D** ☐ DELETE
NAME **STEIBEL, GARY R**
STREET ADDRESS **123 NW 6TH AVE**
CITY-ST-ZIP **HALLANDALE FL**

TITLE **VD** ☐ DELETE
NAME **ABELLO, EUGENE**
STREET ADDRESS **3601 NW S RIVER DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ DELETE
NAME **QUINLIVAN, J. MARK**
STREET ADDRESS **5730 SW 74TH ST.**
CITY-ST-ZIP **SOUTH MIAMI FL**

TITLE **TD** ☐ DELETE
NAME **MCCAUL, MICHAEL**
STREET ADDRESS **2251 YUCCA AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **SD** ☐ DELETE
NAME **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 **2736 S.W. 7 Avenue**
2.4 CITY-ST-ZIP **Miami, Fla. 33129**

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark Quinlivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

(305) 757-2824

Date

Daytime Phone #

CR2E037 (12/95)