

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

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

Mailing Address

% OFFICE OF HOUSING MGT
3075 NE 35TH AVENUE
LAUDERDALE LAKES FL 33311-11073. Date Incorporated or Qualified
06/14/19783a. Date of Last Report
04/25/1996

2. Principal Place of Business

21 4740 N. State Road 7

2a. Mailing Address

26 4740 N. State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 106 - Bldg. C

27 Suite 106 - Bldg. C

City & State

City & State

23 Lauderdale Lakes, Fla.

28 Lauderdale Lakes, Fla.

Zip

Country

24 33319

25 USA

Zip

Country

29 33319

30 USA

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME STEIBEL, GARY R
STREET ADDRESS 123 NW 6TH AVE
CITY-ST-ZIP HALLANDALE FL1.1 TITLE ☐ Change ☐ AdditionTITLE VD ☐ DELETENAME ABELLO, EUGENE
STREET ADDRESS 2736 SW 7TH AVE
CITY-ST-ZIP MIAMI FL1.2 NAME ☐ Change ☐ AdditionTITLE PD ☐ DELETENAME QUINLIVAN, J. MARK
STREET ADDRESS 5730 SW 74TH ST.
CITY-ST-ZIP SOUTH MIAMI FL1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE TD ☐ DELETENAME MCCAUL, MICHAEL
STREET ADDRESS 2251 YUCCA AVENUE
CITY-ST-ZIP PEMBROKE PINES FL1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD ☐ DELETENAME CONWAY, LAURENCE
STREET ADDRESS 17775 NORTH BAY RD
CITY-ST-ZIP MIAMI BEACH FL2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Mark Quinlivan 2/6/97 (305) 757-2824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034584

CR2E037 (9/96)