

**FILE NOW: FILING FEE IS \$61.25**

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**Mar 11 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # N19042 (3)**

1. Corporation Name  
**ST. MARY TOWERS, INC.**



Principal Place of Business <b>C/O OFFICE OF HOUSING MANAGEMENT 3075 NW 35TH AVE LAUDERDALE LAKES FL 33311</b>	Mailing Address <b>C/O OFFICE OF HOUSING MANAGEMENT 3075 NW 35TH AVE LAUDERDALE LAKES FL 33311-1107</b>
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3. Date Incorporated or Qualified <b>02/04/1987</b>	3a. Date of Last Report <b>04/25/1996</b>
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2. Principal Place of Business <b>21 4740 N. State Road 7</b>	2a. Mailing Address <b>26 4740 N. State Road 7</b>	4. FEI Number <b>58-7071142</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. <b>22 Suite 106 - Bldg. C</b>	Suite, Apt. #, etc. <b>27 Suite 106 - Bldg. C</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
City & State <b>23 Lauderdale Lakes, Fla.</b>	City & State <b>28 Lauderdale Lakes, Fla.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
Zip <b>24 33319</b>	Country <b>25 USA</b>	Zip <b>29 33319</b>	Country <b>30 USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>FITZGERALD, J PATRICK, ESQUIRE 110 MERRICK WAY SUITE 2-C CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>QUINLIVAN, J. M</b>		1.2 NAME	
STREET ADDRESS <b>5730 SW 74TH ST., STE 300</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>SOUTH MIAMI FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ABELLO, EUGENE</b>		2.2 NAME	
STREET ADDRESS <b>2736 SW 7TH AVE</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CONWAY, LAURENCE</b>		3.2 NAME	
STREET ADDRESS <b>17775 NORTH BAY RD</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		3.4 CITY - ST - ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCAUL, MICHAEL</b>		4.2 NAME	
STREET ADDRESS <b>2251 YUCCA AVE</b>		4.3 STREET ADDRESS	
CITY - ST - ZIP <b>PEMBROKE PINES FL</b>		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEIBEL, GARY R</b>		5.2 NAME	
STREET ADDRESS <b>123 NW 6TH AVE</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>HALLANDALE FL</b>		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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* **DEQUIRED** Mark Quinlivan 2/6/97 (305) 757-2824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034589

CR2E037 (9/96)