FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N19042

ST. MARY TOWERS, INC.

	Principal	Place	of	Business
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4740 N STATE ROAD 7 SUITE 106-BLDG C

LAUDERDALE LAKES FL 33319

2. Principal Place of Business

Mailing Address

2a. Mailing Address

4740 N STATE ROAD 7 SUITE 106-BLDG C LAUDERDALE LAKES FL 33319

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90079 035 ****70.00

|--|--|--|

3. Date Incorporated or Qualifed

02/04/1987

21 11440	N. <u>Kendall Drive</u>	26 1 1 4 4 0 N . Ken	dall	Drive	02/04/1987	, ~	<u> </u>	
Suite, Apt.		Suite, Apt. #, etc.			4. FEI Number	Apr	olied For	
22 Suite	Suite E-209 27 Suite E-209				58-7071142	Not	Applicable	
City & State City & State					5. Certifcate of Status Desired \	\$8.75 A		
23 Miami, Fla. 28 Miami, Fla.					The Control of Carlos Control of	Fee Rec	quired	
Zip Country Zip Cou			Country		6. Election Campaign Financing	\$5.00		
24 33176	25 USA	2933176 30	USA		Trust Fund Contribution	Added to	Fees	
	9. Name and Address of Current F	Registered Agent	<u></u>		10. Name and Address of New Regis	tered Agent		
			81	Name				
FITZGERALD, J PATRICK, ESQUIRE 110 MERRICK WAY SUITE 2-C			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
			83					
	ABLES FL 33134		84	City		85 Zip C	ode.	
CONFIL G	ADDITION E GOTON		04	City	•	FL 189	AGE .	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corpo	pration submits this statement for the purpo	ose of changing its	registered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligatio	Florida, Such change was auth	onzed by	the corporatio	n's board of directors. I hereby accept the	appointment as reg	jistered	
-	im familiar with, and accept the congatio	ns of, Section 517.0505, Florida	z Siaidies.	•	•			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agen	t algnature required	when reinstating) Di	ATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12	
TITLE.	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	QUINLIVAN, J. M.	_	1.2 NAME		•			
STREET ADDRESS	5730 SW 74TH ST., STE 300		1.3 STREET	ADDRESS	•			
	.		1.4 CITY-ST				į	
CITY-ST-ZIP	SOUTH MIAMI FL	☐ DELETE	2.1 TITLE	1-411		Change	Addition	
1	VD		2.2 NAME	}		_ ,	_	
NAME	ABELLO, EUGENE							
STREET ADDRESS	2736 SW 7TH AVE		2.3 STREET					
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.4 CITY-S	T-ZIP		Change	Addition	
TIFLE	SD		3.1 TITLE			Gridingo		
NAME	CONWAY, LAURENCE		3.2 NAME					
STREET ADDRESS	***************************************		3.3 STREET				,	
CITY- ST-ZIP	MIAMI FL		3.4. CITY-S	T-ZIP			□ Addition	
TITLE	TD	☐ DELETE	4.1 TITLE			Change	Addition Addition	
NAME	MCCAUL, MICHAEL	,	4. 2 NAME					
STREET ADDRESS	2251 YUCCA AVE		4.3 STREET	ADDRESS	•			
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST	r-ZIP				
TITLE	D	☐ DELETÉ	5.1 TITLE			☐ Change	Addition	
NAME	STEIBEL, GARY R		5.2 NAME					
STREET ADDRESS	123 NW 6TH AVE		5.3 STREET	ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		5.4 CITY-ST	r- ZIP	<u> </u>			
TITLE	·	☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS	' · ·		6.3 STREET	ADDRESS				
CITY-ST-ZIP	·		6.4 CITY-ST	r-ZiP				
14. I hereby	certify that the information supplied with	this filing does not qualify for th	e exempti	on stated in S	ection 119.07(3)(i), Florida Statutes. I furth	ner certify that the in	nformation	

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, with all other like empowered.

SIGNATURE: