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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90171 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719987					
1. Corporation Name THE TOWERS OF KEY BISCAVNE, INC.					
Principal Place of Business 1121 CRANDON BLVD KEY BISCAVNE FL 33149			Mailing Address 1121 CRANDON BLVD KEY BISCAVNE FL 33149		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/05/1971 4. FEI Number 59-1409911 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
9. Name and Address of Current Registered Agent ELLEND, MAXINE S 1121 CRANDON BLVD KEY BISCAVNE FL 33149			10. Name and Address of New Registered Agent 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 <i>Maxine S. Ellend</i> DATE <i>4/9/99</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>VP</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MINETTI, CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1121 CRANDON BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY BISCAVNE FL 33149</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>AUCHTER, PAUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1121 CRANDON BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY BISCAVNE FL 33149</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ELLEND, MAXINE S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1121 CRANDON BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY BISCAVNE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>PARKER, MR. 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14. I 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, with all other like empowered.

SIGNATURE: *Maxine S. Ellend* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *4/9/99*

Daytime Phone #

CR2E037 (1/98)