FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation	NEN # /1842; RY TOWERS SOCIAL CLUI	. ,				
Principal Place	incipal Place of Business Mailing Address					
100 KINGS PT OR		100 KINGS POINT DR				
STE 302		STE 302				
NORTH MIAMI BEACH FL 33160		NORTH MIAMI BEACH FL 33160-4726 US			3. Date Incorporated or Qualified 3a. Date of Last Report	
US		00			04/28/1970 02/20/1996	
2. Principa: Pl	ace of Business	2a. Mailing Address			4, FEI Number Applied F	For
21		Suite, Apt. #, etc.			NOT APPLICABLE Not Appl	
Suite, Apt. :	F, UIC.	27 Suite, Apt. #, etc.			Certificate of Status Desired Section	
City & State)	City & State			6. Election Campaign Financing \$5.00 May 8	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.0)32,
24	25		30	<u> </u>	Florida Statutes Yes No	
	9. Name and Address of Currer	it negistered Agent	81	Name	10, Name and Address of New Registered Agent	
I ITTECS I	AN MADWIE					
LITTERMAN, NADINE 100 KINGS PT DR			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
STE 302			83			
N. MIAMI BEACH FL 33160			84	City	Tee L 7:- Code	
77. 1710 #10			104	City	FL 85 Zip Code	
agent Lai SIGNATURE	on familiar with, and accept the oblig	ations of, Section 617.0503, Flor	rida Statutes	š. 	corporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as registeration's board of directors. I hereby accept the appointment as registeration's board of directors. I hereby accept the appointment as registeration's board of directors. I hereby accept the appointment as registeration's board of directors. In 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	·
TITLE	PD	DELETE	1.1 TITLE			Addition
NAME	LITTERMAN, NADINE	_	1.2 NAME		- · -	
STREET ADDRESS	100 KINGS POINT DRIVE		1.3 STREET ADDRESS			
CITY - ST - ZIF	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP			
TITLE	Ť	☐ DELETE	2.1 TITLE	į	Change A	Addition
NAME	COHEN, PHYLLIS M 100 KINGS PT DR		2.2 NAME			
STREET ADDRESS	N. MIAMI BEACH FL		2.3 STREET			
CITY - ST - ZIP	S S	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ A	Addition
NAME	TAKIFF, GERT		3.2 NAME		•	
STREET ADDRESS	100 KINGS PT DR	•	3.3 STREET ADORESS			
CITY - ST - ZIP	N. MIAMI BEACH FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	(41 TITLE		☐ Change ☐ /	Addition
NAME	LUBIN, ROSE		4. 2 NAME	l		
STREET ADDRESS	100 KINGS POINT DR		4.3 STREET ADDRESS			
CITY - ST - Z:P	N. MIAMI BEACH FL	DELETE	4.4 CITY - S	T-ZIP	☐ Change ☐ /	Addition
TITLE NAME	D Landsman, Adelyn	Phereis	5.1 TITLE 5.2 NAME		E piende (1)	างแนบป
STREET ADDRESS	100 KINGS POINT DR		5.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL		5.4 CITY-ST-ZIP			
TITLE	VD VIII VIII VIII VIII VIII VIII VIII V	☐ DELETE	6.1 TITLE		☐ Change ☐ /	Addition
NAME	ROSENBLUM, ARTHUR		6.2 NAME		·	
STREET ADDRESS	100 KINGS POINT DR		6.3 STREET	ADDRESS		
CiTY - ST - ZiP	N. MIAMI BEACH FL		6.4 CITY - S			
informatio I am an oi	n indicated on this annual report or a	supplemental annual report is tri r the receiver or trustee empower	ue and accu ared to exec	irate and t	ated in Section 119.07(3\(i)\), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oa opport as required by Chapter 617, Florida Statutes; and that my name	ith; tha

SIGNATURE:

REQUIRED

FILED

Mar 12 1997 8:00am

Secretary of State