

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # **719987** (0)

1. Corporation Name

THE TOWERS OF KEY BISCAYNE, INC.

Principal Place of Business

**1121 CRANDON BLVD
KEY BISCAYNE FL 33149**

Mailing Address

**1121 CRANDON BLVD
KEY BISCAYNE FL 33149**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1971		3a. Date of Last Report 04/12/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1409911		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUPERMAN, MARC A., P.A.
1320 S. DIXIE HWY.
SUITE 900
CORAL GABLES FL 33146**

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 **MARC A. KUPERMAN, ESQ.**

(NOTE: Registered Agent signature required when installing)

DATE

Marc Kuperman
1/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KORNBERG, RUTH	1.2 NAME	Ileana Puig
STREET ADDRESS	1121 CRANDON BLVD.	1.3 STREET ADDRESS	1121 Crandon Blvd, Key Biscayne, FL
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	33149
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPKIN, HERMAN	2.2 NAME	
STREET ADDRESS	1121 CRANDON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Ms. Maxine Ellend, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, MRS. BEATRICE	3.2 NAME	1121 Crandon Blvd.
STREET ADDRESS	1121 CRANDON BLVD.	3.3 STREET ADDRESS	Key Biscayne, FL 33149
CITY-ST-ZIP	KEY BISCAYNE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, MR. K	4.2 NAME	
STREET ADDRESS	1121 CRANDON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVELLI, MR. ALFRED	5.2 NAME	
STREET ADDRESS	1121 CRANDON BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, JOHN J	6.2 NAME	
STREET ADDRESS	1121 CRANDON BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Ileana Puig, Treasurer

2/1/96

CR2E037 (12/95)