

**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 <b>01/05/1971</b>	3a. Date of Last Report <b>04/12/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1409911</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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			
<b>KUPERMAN, MARC A., P.A.</b> <b>1320 S. DIXIE HWY.</b> <b>SUITE 900</b> <b>CORAL GABLES FL 33146</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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.** *Marc A. Kuperman* 1/24/96  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when installing) DATE

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

SIGNATURE: *Ileana Puig* **Treasurer** 2/1/96  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)