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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719987** (0)

1. Corporation Name

THE TOWERS OF KEY BISCAIYNE, INC.



Principal Place of Business

Mailing Address

1121 CRANDON BLVD
KEY BISCAIYNE FL 331491121 CRANDON BLVD
KEY BISCAIYNE FL 33149-27553. Date Incorporated or Qualified
01/05/19713a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number

59-1409911

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Michael L. Hyman**
82 Street Address (P.O. Box Number is Not Acceptable)
44 West Flagler St.; 14th Floor
83 **Courthouse Tower**
84 City **Miami** FL 85 Zip Code **33130**

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 and am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/97

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	PUG, ILEANA	
STREET ADDRESS	1121 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	POPKIN, HERMAN	
STREET ADDRESS	1121 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAIYNE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ELLEND, MAXINE	
STREET ADDRESS	1121 CRADON BLVD	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKER, MR. K	
STREET ADDRESS	1121 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAIYNE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAVELLI, MR. ALFRED	
STREET ADDRESS	1121 CRANDON BLVD	
CITY-ST-ZIP	KEY BISCAIYNE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, JOHN J	
STREET ADDRESS	1121 CRANDON BLVD.	
CITY-ST-ZIP	DEY BISCAIYNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pwig, Ileana	
1.3 STREET ADDRESS	1121 Crandon Blvd.	
1.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Popkin, Herman	
2.3 STREET ADDRESS	1121 Crandon Blvd.	
2.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ellend, Maxine	
3.3 STREET ADDRESS	1121 Crandon Blvd.	
3.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Deutech, Morris	
4.3 STREET ADDRESS	1121 Crandon Blvd.	
4.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Feinschreiber, Robert	
5.3 STREET ADDRESS	1121 Crandon Blvd.	
5.4 CITY-ST-ZIP	Key Biscayne, FL 33149	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Pauli, Robert	
6.3 STREET ADDRESS	1121 Crandon Blvd	
6.4 CITY-ST-ZIP	Key Biscayne, FL 33149	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030696

CR2E037 (9/96)