


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

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

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



|  |                           |   |
|--|---------------------------|---|
| 2. Principal Place of Business<br>21                           | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>01/05/1971   |
| Suite, Apt. #, etc.<br>22                                      | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1409911   |
| City & State<br>23   | City & State<br>28        | Applied For<br>Not Applicable   |
| Zip<br>24  | Country<br>25             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required            |
|  | Zip<br>29                 | Country<br>30   |
| 9. Name and Address of Current Registered Agent                |                           | 10. Name and Address of New Registered Agent  |
| ELLEND, MAXINE S<br>1121 CRANDON BLVD<br>KEY BISCAVNE FL 33149 |                           | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 *Maxine S. Ellend* DATE 4/9/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE<br>VP                | MINETTI, CARLOS<br>1121 CRANDON BLVD<br>KEY BISCAVNE FL 33149 | <input checked="" type="checkbox"/> DELETE            |  |
| TITLE<br>P                 | AUCHTER, PAUL<br>1121 CRANDON BLVD<br>KEY BISCAVNE FL 33149   | <input type="checkbox"/> DELETE                       | 1.1 TITLE<br>VP<br>1.2 NAME<br>Paul Coburn<br>1.3 STREET ADDRESS<br>1111 Crandon Blvd.<br>1.4 CITY-ST-ZIP<br>Key Biscayne, FL 33149            |
| TITLE<br>DS                | ELLEND, MAXINE S<br>1121 CRANDON BLVD<br>KEY BISCAVNE FL      | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>Morris L. Deutsch<br>2.2 NAME<br>-1111 Crandon Blvd<br>2.3 STREET ADDRESS<br>Key Biscayne, FL 33149<br>2.4 CITY-ST-ZIP            |
| TITLE<br>D                 | PARKER, MR. K<br>1121 CRANDON BLVD<br>KEY BISCAVNE, FL 33149  | <input checked="" type="checkbox"/> DELETE            | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   |
| TITLE<br>D                 | LESSER, ALAN<br>1121 CRANDON BLVD<br>KEY BISCAVNE FL 33149    | <input checked="" type="checkbox"/> DELETE            | 4.1 TITLE<br>Director<br>4.2 NAME<br>Marisela Blandon<br>4.3 STREET ADDRESS<br>1121 Crandon Blvd.<br>4.4 CITY-ST-ZIP<br>Key Biscayne, FL 33149 |
| TITLE<br>D                 | PAUL, ROBERT<br>1121 CRANDON BLVD<br>KEY BISCAVNE FL          | <input checked="" type="checkbox"/> DELETE            | 5.1 TITLE<br>Director<br>5.2 NAME<br>John Cleator<br>5.3 STREET ADDRESS<br>1111 Crandon Blvd.<br>5.4 CITY-ST-ZIP<br>Key Biscayne, FL 33149     |
|                            |   |   | 6.1 TITLE<br>Director<br>6.2 NAME<br>William Reilly<br>6.3 STREET ADDRESS<br>1121 Crandon Blvd.<br>6.4 CITY-ST-ZIP<br>Key Biscayne, FL 33149   |

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 DATE 4/9/99  
Signature and typed or printed name of signing officer or director

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