

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

DOCUMENT # 720531 (3)

1. Corporation Name

OCEAN TOWERS OF VERO BEACH, INC.



Principal Place of Business: %ELLIOTT-MERRILL COMMUNITY MANAGEMENT, 1105 12TH ST., VERO BEACH FL 32960
Mailing Address: %ELLIOTT-MERRILL COMMUNITY MANAGEMENT, 1105 12TH ST., VERO BEACH FL 32960

3. Date Incorporated or Qualified: 03/17/1971
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1490027
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [checked] No

9. Name and Address of Current Registered Agent: ELLIOTT, RICHARD D., ELLIOTT MERRILL COMMUNITY MGMT, 1105-12TH STREET, VERO BEACH FL 32960
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MCCULLOUGH, PRISCILLA	1.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 2735 OCEAN DR.	CITY-ST-ZIP: VERO BCH. FL 32964	1.2 NAME:	
TITLE: V	NAME: WHITE, PHILIP	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
STREET ADDRESS: P.O. BOX 4107 N/A	CITY-ST-ZIP: VERO BCH. FL 32964	2.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
TITLE: S	NAME: COOK, ANN	2.2 NAME:	
STREET ADDRESS: 2713 OCEAN DR.	CITY-ST-ZIP: VERO BCH. FL 32963	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: TD	NAME: COOK, FRED	3.1 TITLE:	Sec/Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2713 OCEAN DRIVE	CITY-ST-ZIP: VERO BCH. FL	3.2 NAME:	Mrs. Marjorie Young
TITLE: D	NAME: SMALL, MURIEL	3.3 STREET ADDRESS:	2739 Ocean Drive, # 30
STREET ADDRESS: 2733 OCEAN DRIVE	CITY-ST-ZIP: VERO BCH. FL	3.4 CITY-ST-ZIP:	VERO Beach, FL 32963
TITLE:	NAME:	4.1 TITLE:	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	Mrs. Joan Higgins
TITLE:	NAME:	4.3 STREET ADDRESS:	1065 Tobago Terrace
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	VERO Beach, FL 32963
TITLE:	NAME:	5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	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, changed, or on an attachment with an address.

SIGNATURE: Priscilla McCullough 3.20.96 407-569-9853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)