


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 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 # 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 32960-3718
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3. Date Incorporated or Qualified 03/17/1971	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 59-1490027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**ELLIOTT, RICHARD D.
ELLIOTT MERRILL COMMUNITY MGMT
1105-12TH STREET
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCULLOUGH, PRISCILLA	
STREET ADDRESS	2735 OCEAN DR.	
CITY-ST-ZIP	VERO BCH. FL 32964	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITE, PHILIP	
STREET ADDRESS	P.O. BOX 4107 N/A	
CITY-ST-ZIP	VERO BCH. FL 32964	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MRS. MARJORIE YOUNG	
STREET ADDRESS	2739 OCEAN DRIVE, #30	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MRS. JOAN HIGGINS	
STREET ADDRESS	1065 TOBAGO TERRACE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMALL, MURIEL	
STREET ADDRESS	2733 OCEAN DRIVE	
CITY-ST-ZIP	VERO BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dir. Vincent Giordano
3.3 STREET ADDRESS	2709 Ocean Drive
3.4 CITY-ST-ZIP	VERO BEACH, FL 32963
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sec/Treas. Mrs. Joan Higgins
4.3 STREET ADDRESS	1065 Tobago Terrace
4.4 CITY-ST-ZIP	VERO BEACH, FL 32963
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dir. Mr. Peter Clarke
5.3 STREET ADDRESS	2739 Ocean Drive, #29
5.4 CITY-ST-ZIP	VERO BEACH, FL 32963
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Priscilla M. McCullough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)