

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 01/05/1971	3a. Date of Last Report 04/12/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1409911	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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			
KUPERMAN, MARC A., P.A. 1320 S. DIXIE HWY. SUITE 900 CORAL GABLES FL 33146				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KORNBERG, RUTH			1.2 NAME	Ileana Puig		33149
STREET ADDRESS	1121 CRANDON BLVD.			1.3 STREET ADDRESS	1121 Crandon Blvd, Key Biscayne, FL		
CITY-ST-ZIP	KEY BISCAYNE FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POPKIN, HERMAN			2.2 NAME			
STREET ADDRESS	1121 CRANDON BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE, FL 00000			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Ms Maxine Ellend, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAY, MRS. BEATRICE			3.2 NAME	1121 Crandon Blvd.		
STREET ADDRESS	1121 CRANDON BLVD.			3.3 STREET ADDRESS	Key Biscayne, FL 33149		
CITY-ST-ZIP	KEY BISCAYNE, FL 00000			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, MR. K			4.2 NAME			
STREET ADDRESS	1121 CRANDON BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE, FL 00000			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAVELLI, MR. ALFRED			5.2 NAME			
STREET ADDRESS	1121 CRANDON BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE, FL 00000			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARROLL, JOHN J			6.2 NAME			
STREET ADDRESS	1121 CRANDON BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	DEY BISCAYNE FL			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)