

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>1121 CRANDON BLVD KEY BISCAIYNE FL 33149</b>	Mailing Address <b>1121 CRANDON BLVD KEY BISCAIYNE FL 33149-2755</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/05/1971</b>	3a. Date of Last Report <b>02/12/1996</b>
21 Suite, Apt #, etc	26 Suite, Apt #, etc.	4. FEI Number <b>59-1409911</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
7. 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 <b>KUPERMAN, MARC A., P.A. 1320 S. DIXIE HWY. SUITE 900 CORAL GABLES FL 33146</b>		10. Name and Address of New Registered Agent	
81 Name	<b>Michael L. Hyman</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>44 West Flagler St.; 14th Floor</b>		
83	<b>Courthouse Tower</b>		
84 City	<b>Miami</b>	85 Zip Code	<b>FL 33130</b>

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: *[Signature]* DATE: **1/20/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUG, ILEANA</b>	1.2 NAME	<b>Puig, Ileana</b>
STREET ADDRESS	<b>1121 CRANDON BLVD</b>	1.3 STREET ADDRESS	<b>1121 Crandon Blvd.</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	1.4 CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POPKIN, HERMAN</b>	2.2 NAME	<b>Popkin, Herman</b>
STREET ADDRESS	<b>1121 CRANDON BLVD</b>	2.3 STREET ADDRESS	<b>1121 Crandon Blvd.</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLEND, MAXINE</b>	3.2 NAME	<b>Ellend, Maxine</b>
STREET ADDRESS	<b>1121 CRADON BLVD</b>	3.3 STREET ADDRESS	<b>1121 Crandon Blvd.</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	3.4 CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PARKER, MR. K</b>	4.2 NAME	<b>Deutech, Morris</b>
STREET ADDRESS	<b>1121 CRANDON BLVD</b>	4.3 STREET ADDRESS	<b>1121 Crandon Blvd.</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 00000</b>	4.4 CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAVELLI, MR. ALFRED</b>	5.2 NAME	<b>Feinschreiber, Robert</b>
STREET ADDRESS	<b>1121 CRANDON BLVD</b>	5.3 STREET ADDRESS	<b>1121 Crandon Blvd.</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 00000</b>	5.4 CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARROLL, JOHN J</b>	6.2 NAME	<b>Pauli, Robert</b>
STREET ADDRESS	<b>1121 CRANDON BLVD.</b>	6.3 STREET ADDRESS	<b>1121 Crandon Blvd</b>
CITY-ST-ZIP	<b>DEY BISCAIYNE FL</b>	6.4 CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>

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]* DATE: **1/17/97 (305)** DAYTIME PHONE: **361-9114**

CR2E037 (9/96)