


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



| | | |
|--|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 01/05/1971 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1409911 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | Zip 29 | Country 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |
| ELLEND, MAXINE S 1121 CRANDON BLVD KEY BISCAVNE FL 33149 | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 VP | MINETTI, CARLOS 1121 CRANDON BLVD KEY BISCAVNE FL 33149 | <input checked="" type="checkbox"/> DELETE | |
| TITLE P | AUCHTER, PAUL 1121 CRANDON BLVD KEY BISCAVNE FL 33149 | <input type="checkbox"/> DELETE | 1.1 TITLE VP 1.2 NAME Paul Coburn 1.3 STREET ADDRESS 1111 Crandon Blvd. 1.4 CITY-ST-ZIP Key Biscayne, FL 33149 |
| TITLE DS | ELLEND, MAXINE S 1121 CRANDON BLVD KEY BISCAVNE FL | <input type="checkbox"/> DELETE | 2.1 TITLE Morris L. Deutsch 2.2 NAME -1111 Crandon Blvd 2.3 STREET ADDRESS Key Biscayne, FL 33149 2.4 CITY-ST-ZIP |
| TITLE D | PARKER, MR. K 1121 CRANDON BLVD KEY BISCAVNE, FL 33149 | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| TITLE D | LESSER, ALAN 1121 CRANDON BLVD KEY BISCAVNE FL 33149 | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE Director 4.2 NAME Marisela Blandon 4.3 STREET ADDRESS 1121 Crandon Blvd. 4.4 CITY-ST-ZIP Key Biscayne, FL 33149 |
| TITLE D | PAUL, ROBERT 1121 CRANDON BLVD KEY BISCAVNE FL | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE Director 5.2 NAME John Cleator 5.3 STREET ADDRESS 1111 Crandon Blvd. 5.4 CITY-ST-ZIP Key Biscayne, FL 33149 |
| | | | 6.1 TITLE Director 6.2 NAME William Reilly 6.3 STREET ADDRESS 1121 Crandon Blvd. 6.4 CITY-ST-ZIP 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

001709

CR2E037 (1/98)