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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711370 (7)

1. Corporation Name  
ST. ELIZABETH GARDENS, INC.



Principal Place of Business Mailing Address  
\* OFFICE/HOUSING MANAGEMENT  
3075 NW 35TH AVE  
LAUDERDALE LKS FL 33311

3. Date Incorporated or Qualified 08/18/1966  
3a. Date of Last Report 04/25/1996

2. Principal Place of Business 2a. Mailing Address  
21 4740 N. State Road 7 26 4740 N. State Road 7  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 106 - Bldg. C 27 Suite 106 - Bldg. C  
City & State City & State  
23 Lauderdale Lakes, Fla. 28 Lauderdale Lakes, Fla.  
Zip Country Zip Country  
24 33319 25 USA 29 33319 30 USA

4. FEI Number 59-6194087 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
FITZGERALD, J. PATRICK ESQ.  
110 MERRICK WAY, STE 2-C  
COAL GABLES FL 33134

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number Is Not Acceptable)  
B3  
B4 City FL B5 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 Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE D DELETE  
NAME STEIBEL, GARY R  
STREET ADDRESS 123 NW 6TH AVE  
CITY-ST-ZIP HALLANDALE FL  
TITLE YD DELETE  
NAME MCCAUL, MICHAEL  
STREET ADDRESS 2251 YUCCA AVE.  
CITY-ST-ZIP PEMBROKE PINES FL  
TITLE VD DELETE  
NAME ABELLO, EUGENE  
STREET ADDRESS 2836 SW 7TH AVE  
CITY-ST-ZIP MIAMI, FL 00000  
TITLE PD DELETE  
NAME QUINLIVAN, J. MARK  
STREET ADDRESS 5730 SW 74 ST., #300  
CITY-ST-ZIP S. MIAMI FL  
TITLE SD DELETE  
NAME CONWAY, LAURENCE  
STREET ADDRESS 1775 NORTH BAY ROAD  
CITY-ST-ZIP MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE Change Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE Change 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: Mark Quinlivan 2/6/97 (305) 757-2824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034589

CR2E037 (9/96)