

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711370 (7)
1. Corporation Name
ST. ELIZABETH GARDENS, INC.



Principal Place of Business 4740 N STATE ROAD 7 SUITE 106-BLDG C LAUDERDALE LKS FL 33319 US		Mailing Address 4740 N STATE ROAD 7 SUITE 106-BLDG C LAUDERDALE LKS FL 33319 US	
21 Principal Place of Business	2a Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

3. Date Incorporated or Qualified
08/18/1966

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No *N/A*

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIBEL, GARY R	1.2 NAME	
STREET ADDRESS	123 NW 6TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MCCAUL, MICHAEL	2.2 NAME	
STREET ADDRESS	2251 YUCCA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ABELLO, EUGENE	3.2 NAME	
STREET ADDRESS	2836 SW 7TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	QUINLIVAN, J. MARK	4.2 NAME	
STREET ADDRESS	5730 SW 74 ST., #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	S. MIAMI FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	CONWAY, LAURENCE	5.2 NAME	
STREET ADDRESS	17775 NORTH BAY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *J. Mark Quinlivan* **J. MARK QUINLIVAN - 1/20/98(305) 757-2824**

CR2E037 (10/97)