


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 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 # 728792
 1. Corporation Name
ORIOLE VILLAGES CENTER INC

Principal Place of Business Mailing Address
%Phoenix Management **%Phoenix Management**
541 S State Road 7 #12 **541 S State Road 7 #12**
Margate FL 33068 **Margate FL 33068**

2. Principal Place of Business 2a. Mailing Address
21 **26** **541 S State Road 7**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27** **Suite 12**
 City & State City & State
23 **28** **Margate FL**
 Zip Country Zip Country
24 **25** **33068** **29** **30** **USA**

3. Date Incorporated or Qualified **2/11/1974** 3a. Date of Last Report **5/96**
 4. FEI Number **59-1890491** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Mr Bernard Bee
7340 Amberly Lane
Bldg. 12, Apt. 206
Delray Beach FL 33446

10. Name and Address of New Registered Agent
81 Name **Ted Ellis**
82 Street Address (P.O. Box Number is Not Acceptable) **7267 Huntington Lane**
83 **Bridgwood**
84 City **Delray Beach** **FL** **85** Zip Code **33446**

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 *Theodore Ellis* **Theodore ELLIS** **4/30/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Ellis, Ted	
STREET ADDRESS	7267 Huntington Lane	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	Bee, Bernard	
STREET ADDRESS	7340 Amberly Lane	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	Berger, Bernard	
STREET ADDRESS	14823 Cumberland Drive	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Daniels, Jerry	
STREET ADDRESS	6585 Kensington Lane	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Felker, Marvin		
2.3 STREET ADDRESS	7301 Amberly Lane		
2.4 CITY-ST-ZIP	Delray Beach, FL 33446		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Theodore Ellis Pres.* **4/17/97** **561 448-8098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (9/96)