

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
2/11/1974 5/96  
4. FEI Number Applied For  
59-1890491 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  
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 Bradwood  
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 DATE

12. OFFICERS AND DIRECTORS

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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Feller, Marvin
2.3 STREET ADDRESS	7301 Amberly Lane
2.4 CITY-ST-ZIP	Delray Beach, FL. 33446
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	100002190741
6.4 CITY-ST-ZIP	-05/27/97--01006--012 ***61.25

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. 4/17/97 561 448-8048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)