FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name 741116

(8)

ARCHBISHOP CARROLL MANOR, INC.

Principal Place of Business

Mailing Address

FILED Mar 11 1997 8:00am Secretary of State



3075 N.W. 35TH AVENUE LAUDERDALE LAKES FL 33311								
				}	3. Date Incorporated or Qualified 11/10/1977	3a. Date 04	of Last R /25/199	eport)6
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For		
21 4740 N. State Road 7	26 4740 N. State Road 7			7	50-1976257 - ¹⁻¹⁻¹⁻			t Applicable
Suite Apt #, etc. Suite 106 - Bldg. C	Suite, Apt. #, etc. Suite 106 - Bldg. C			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23 Lauderdale Lakes, Fla.	City & State 28 Lauderdale Lakes, Fla.			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032,			
24 33319 25 USA		30 USA			Florida Statutes Yes X No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name								
FITZGERALD, J. PTRICK, ESO. 110 MERRICK WAY								
			82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 2-C			3					
CORAL GABLES FL 33134								
COUNT CARREST E COLOR		64	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 Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F		gent elgnature :	required	when reinstating)	DATE		
12. OFFICERS AND L	DELETE	13.			ADDITIONS/CHANGES TO OFFI		Change	S IN 12
TITLE TD NAME MCCAUL, MICHAEL		1.1 TITLE	i			L	1 CHAIRGE	L AUGITION
ANTA MUNOA ANTAILIE		1.2 NAME	- 1					
DELIDDOVE DIVICO E		•	T ADDRESS][
TITLE VD	DELETE	1.4 CITY- 2.1 TITLE		-			Change	Addition (
NAME ABELLO, EUGENE	- Decrit	2.2 NAME				b	, Orango	
0700 OW 7TU AVE			2.3 STREET ADDRESS					
AJIAA (1 P)			4 CITY-ST-ZIP					
CITY-ST-ZIP MIAMI PL.	DELETE	3.1 TITLE	·····				Change	Addition
NAME QUINLIVAN, J.MARK		3.2 NAME	ì			,	•	
STREET ADDRESS 5730 SW 74TH ST STE 300			T ADDRESS					
CITY-ST-ZIP SOUTH MIAMI FL		3.4. CITY-						
TITLE D	DELETE	4.1 TITLE			, ·		Change	Addition
NAME STEIBEL, GARY RE		4. 2 NAM	E					
STREET ADDRESS 123 NW 6TH AVE		4.3 STREE	ET ADDRESS					Į.
CITY-ST-ZIP HLLANDALE FL		4.4 CITY-	ST-ZIP					
TITLE SD	☐ DELETE	5.1 TITLE				L	Change	Addition
NAME CONWAY, LAURENCE		5.2 NAME	:					
STREET ADDRESS 17775 NORTH BAY RD.		5.3 STREE	ET ADDRESS					
CITY-ST-ZIP MIAMI BCH. FL		5.4 CITY-	ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE					Change	Addition
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREE	ET ADDRESS					
CITY-ST-ZIP		6.4 CITY	ST-ZIP					

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: