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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741116

1. Corporation Name

ARCHBISHOP CARROLL MANOR, INC.

Principal Place of Business

4740 N STATE ROAD 7
 SUITE 106-BLDG C
 LAUDERDALE LAKES FL 33319
 US

Mailing Address

4740 N STATE ROAD 7
 SUITE 106-BLDG C
 LAUDERDALE LAKES FL 33319
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	11440 N. Kendall Drive	26	11440 N. Kendall Drive	11/10/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite E-209	27	Suite E-209	59-1876357	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Miami, Fla.	28	Miami, Fla.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	33176	25	USA	29	33176
Country		Country		30	
USA		USA		USA	

9. Name and Address of Current Registered Agent

FITZGERALD, J. PTRICK, ESQ.
 110 MERRICK WAY
 SUITE 2-C
 CORAL 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
85	Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAUL, MICHAEL	1.2 NAME	
STREET ADDRESS	2251 YUCCA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELLO, EUGENE	2.2 NAME	
STREET ADDRESS	2736 SW 7TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINLIVAN, J. MARK	3.2 NAME	
STREET ADDRESS	5730 SW 74TH ST STE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIBEL, GARY RE	4.2 NAME	
STREET ADDRESS	123 NW 6TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HLLANDALE FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, LAURENCE	5.2 NAME	
STREET ADDRESS	1775 NORTH BAY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Mark Quinlivan **SIGNATURE REQUIRED** 3/25/99 (305) 757-2824
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037_ (11/98)