

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749110 (3)

1. Corporation Name
MORNINGSIDE EAST, INC.



Principal Place of Business: 2753 S. R. 580 STE 207 CLEARWATER FL 34621-3345
Mailing Address: 2753 S. R. 580 STE 207 CLEARWATER FL 34621-3345

3. Date Incorporated or Qualified: 09/27/1979
3a. Date of Last Report: 02/27/1995
4. FEI Number: 59-1949441
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

21. Principal Place of Business: 22. Suite, Apt. #, etc.: 23. City & State: 24. Zip: 25. Country: 26. Mailing Address: 27. Suite, Apt. #, etc.: 28. City & State: 29. Zip: 30. Country:

9. Name and Address of Current Registered Agent: REARDON, MAUREEN C. 2753 S. R. 580 STE 207 CLEARWATER FL 34621
10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 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: _____ 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	PD ANDERSON, ROBERT <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2501 HARN BLVD #G-5	1 2 NAME	
STREET ADDRESS	CLEARWATER, FL 00000	1 3 STREET ADDRESS	
CITY-ST-ZIP		1 4 CITY-ST-ZIP	
TITLE	VD MALMSTROM, KEN <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1756 ARABIAN LN	2 2 NAME	
STREET ADDRESS	PALM HARBOR FL	2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	TD MILLER, JAY <input type="checkbox"/> DELETE	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2501 HARN BLVD #64	3 2 NAME	2501 HARN BLVD. #G-4
STREET ADDRESS	CLEARWATER, FL 00000	3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	D MCCONLOGUE, JANE <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2500 HARN BLVD #F-03	4 2 NAME	
STREET ADDRESS	CLEARWATER, FL 00000	4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	SD NOYES, DICK <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2500 HARN BLVD H-2	5 2 NAME	
STREET ADDRESS	CLEARWATER, FL 00000	5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6 2 NAME	TRIPP, MIKE
STREET ADDRESS		6 3 STREET ADDRESS	17905 HOLLYBROOK DRIVE
CITY-ST-ZIP		6 4 CITY-ST-ZIP	TAMPA FL 33647

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 1/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Robert E. Anderson Pres

CR2E037 (12/95)