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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/27/1979	3a. Date of Last Report 01/29/1996
4. FEI Number 59-1949441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, ROBERT	
STREET ADDRESS	2501 HARN BLVD #G-5	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MALMSTROM, KEN	
STREET ADDRESS	1758 ARABIAN LN	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MILLER, JAY	
STREET ADDRESS	2501 HARN BLVD. G4	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCONLOGUE, JANE	
STREET ADDRESS	2500 HARN BLVD #F-03	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NOYES, DICK	
STREET ADDRESS	2500 HARN BLVD H-2	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRIPP, MIKE	
STREET ADDRESS	17905 HOLLYBROOK DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dr. Tim Higgins
1.3 STREET ADDRESS	2501 HARN BLVD. H-18
1.4 CITY-ST-ZIP	CLEARWATER, FL. 34621
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
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 unchanged, or on an attachment with an address.

SIGNATURE: Robert Anderson 1/15/97 813 336 8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067426

CR2E037 (9/96)