

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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	Applied For Not Applicable
4. FEI Number 59-1949441	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33761	Country 25
Zip 29 33761	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
84 City
FL 85 Zip Code 33761

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	NAME ANDERSON, ROBERT	<input type="checkbox"/> DELETE
STREET ADDRESS 2501 HARN BLVD #G-5	CITY-ST-ZIP CLEARWATER, FL 00000	
TITLE VD	NAME MALMSTROM, KEN	<input type="checkbox"/> DELETE
STREET ADDRESS 1758 ARABIAN LN	CITY-ST-ZIP PALM HARBOR FL	
TITLE TD	NAME MILLER, JAY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2501 HARN BLVD. G4	CITY-ST-ZIP CLEARWATER, FL 00000	
TITLE D	NAME MCCONLOGUE, JANE	<input type="checkbox"/> DELETE
STREET ADDRESS 2500 HARN BLVD #F-03	CITY-ST-ZIP CLEARWATER, FL 00000	
TITLE SD	NAME NOYES, DICK	<input type="checkbox"/> DELETE
STREET ADDRESS 2500 HARN BLVD H-2	CITY-ST-ZIP CLEARWATER, FL 00000	
TITLE D	NAME TRIPP, MIKE	<input type="checkbox"/> DELETE
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 type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 checked="" type="checkbox"/> Addition
3.2 NAME T/D KOELSCH, JIM
3.3 STREET ADDRESS 6414 1ST AVENUE NORTH
3.4 CITY-ST-ZIP ST. PETERSBURG FL 33710
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 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: Robert E. Anderson (ROBERT E. ANDERSON) 2/6/98 813/536-8851

CP25037 (10/97)