

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



100037613421

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

N04792
 HANLEY - HAZELDEN CENTER AT ST. MARY'S, INC.
 1043-45TH STREET
 W. PALM BEACH, FL 33407

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21
 5200 East Avenue

P.O. Box No 22

City and State 23
 West Palm Beach, FL

Zip Code 24
 33407

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida
 08/20/1984

4. Federal Employer Identification Number (FEIN) 59-2500657

5. Date of Last Report
 05/22/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
FIDLER, JOHN E.	V/C/D	901 45TH STREET	W. PALM BEACH, FL	
HANLEY, JOHN W.	C/D	713 SW THORNHILL LANE	PALM CITY, FL	
JOHNSON, DUWAYNE B.	S/S	68 W. EXCHANGE	ST. PAULY, MN	
CONLOW, HAROLD T	P/D	15245 PLEASANT VALLEY RD	CENTER CITY, MN	
DENHAM, GORDON	V/D	15245 PLEASANT VALLEY RD	CENTER CITY, MN	
DELMAN, DAVID	T/D	15245 PLEASANT VALLEY RD	CENTER CITY, MN	
JAX, EUGENE	S/T/D	15245 PLEASANT VALLEY RD	CENTER CITY, MN	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
 GRIFFIN, PATRICK
 1043-45TH STREET
 W. PALM BEACH, FL. 33407

8. Name and Address of New Registered Agent

Name 81
 Street Address 1 (Do NOT Use P.O. Box Number) 82
 5200 East Avenue
 Street Address 2 (Do NOT Use P.O. Box Number) 83
 City and State 84
 West Palm Beach FL
 Zip Code 85
 33407

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.325 F.S.

SIGNATURE _____
 (Registered Agent Accepting Appointment)

DATE _____

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.
 I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
 I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
 (Officer or Director signing must be listed in Block 6.)

Signature _____ Date 4/11/88
 Typed Name of Signing Officer or Director Harold Conlow Title President Telephone Number (612) 257-4010

12. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

SS Additional Fee required for Certificate of Status