

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

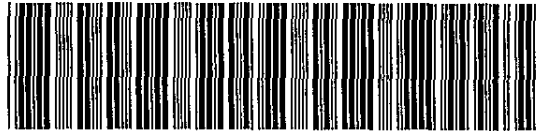
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



300037613403

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George Firestone
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 \$20 Required -- Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office

NO4792 0
HANLEY - HAZELDEN CENTER AT ST. MARY'S, INC.
C/O BARRY G. CRAIG
200 S. BISCAYNE BLVD. SUITE 4500
MIAMI, FLORIDA

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

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

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

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

4. Federal Employer Identification Number (FEIN)

5. Date of Last Report 05/16/1985

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985

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.	D/V/C	901 FORTY-FIFTH STREET	W. PALM BEACH, FL.	
HANLEY, JOHN W.	D/C	1390 BRICKELL AVENUE	MIAMI, FL	
JOHNSON, DUWAYNE E.	D/S	BOX 11 NA	CENTER CITY, MN	
CONLOW, HAROLD T	D/P	BOX 11 NA	CENTER CITY, MN	
DENHAM, GORDON	D/V	BOX 11 NA	CENTER CITY, MN	
OLLMAN, DAVID	D/T	BOX 11 NA	CENTER CITY, MN	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

CRAIG, BARRY G.
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA

8. Name and Address of New Registered Agent

Name 81
Craig, Barry G.
Street Address (Do NOT Use P.O. Box Numbers) 82
777 S. Flagler Drive #809
City and State 83
West Palm Beach, FL. Zip Code 84
33401

9. Pursuant to the provisions of Sections 607.234 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 officer 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 _____

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer 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 signing must be listed in Block 6)

Signature <i>John E. Fidler</i>	Date August 14, 1986
Typed Name of Signing Officer John E. Fidler	Title Vice President
	Telephone Number 305-844-6311

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

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CR02CS4 (1/86)