

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08863 (5)
1. Corporation Name
ARCHBISHOP HURLEY HALL, INC.



Principal Place of Business 4740 N STATE ROAD 7 SUITE 106-BLDG C LAUDERDALE LKS FL 33319 US		Mailing Address 4740 N STATE ROAD 7 SUITE 106-BLDG C LAUDERDALE LKS FL 33319 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	28. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	29. Zip
24. Country	30. Country	25. Country	30. Country

3. Date Incorporated or Qualified 04/19/1985	Applied For
4. FEI Number 59-2533819	Not Applicable
5. Certificate of Status Desired <input checked="" 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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FITZGERALD, J PATRICK, ESQUIRE
110 MERRICK WAY
SUITE 2-C
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number Is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUINLIVAN, J. M	
STREET ADDRESS	5730 SW 74TH ST, STE. 300	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABELLO, EUGENE	
STREET ADDRESS	2736 SW 7TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CONWAY, LAURENCE	
STREET ADDRESS	17775 NORTH BAY ROAD	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCAUL, MICHAEL	
STREET ADDRESS	2251 YUCCA AVE	
CITY - ST - ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEIBEL, GARY R	
STREET ADDRESS	123 NW 6TH AVE	
CITY - ST - ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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 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: *J. Mark Quinlivan - J. Mark Quinlivan 4068(305)757-2824*

CR2E037 (10/97)