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 Mar 13 1997 8:00am
 Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N22491 (7)

1. Corporation Name
 ST. JOSEPH RESIDENCE, INC.



Principal Place of Business Mailing Address
 3485 N.W. 30TH STREET LAUDERDALE LAKES FL 33311
 3485 N.W. 30TH STREET LAUDERDALE LAKES FL 33311-1890

3. Date Incorporated or Qualified 09/15/1987
 3a. Date of Last Report 04/01/1996
 4. FEI Number 65-0032474
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
 FITZGERALD, J. PATRICK ESQUIRE
 110 MERRICK WAY, SUITE 3-B
 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 FL 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 DELETE
 NAME PENNEKAMP, TOM
 STREET ADDRESS 1434 SOUTH MIAMI AVENUE
 CITY-ST-ZIP MIAMI FL
 TITLE SD DELETE
 NAME JOHNSON, BROTHER PAUL
 STREET ADDRESS C/O 726 NW. 1 AVENUE
 CITY-ST-ZIP MIAMI FL
 TITLE VTD DELETE
 NAME HENNESSEY, WILLIAM, REV.
 STREET ADDRESS C/O 9401 BISCAYNE BLVD
 CITY-ST-ZIP MIAMI SHORES FL
 TITLE EVD DELETE
 NAME HONOLD, THOMAS G.
 STREET ADDRESS C/O 1050 NE 125T ST
 CITY-ST-ZIP N MIAMI FL
 TITLE D DELETE
 NAME VAUGHAN, JOHN J REV
 STREET ADDRESS C/O 9401 BISCAYNE BOULEVARD
 CITY-ST-ZIP MIAMI SHORES FL
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change 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 if changed, or on an attachment with address.

SIGNATURE: Thomas G. Honold Thomas G. Honold 2/28/97 (954) 484-1515
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034598

CR2E037 (9/96)