

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N48083 (2)
1. Corporation Name
QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**2990 EDISON AVE
FT MYERS FL 33901**

Mailing Address
**PO BOX 1255
FT MYERS FL 33902**

3. Date Incorporated or Qualified
03/27/1992

3a. Date of Last Report
04/26/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0321309		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MUHAMMAD, ABDUL'HAQ
18682 TANGERINE RD
FT MYERS FL 33912**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOETHIE, LARRY	12 NAME	Armstrong, Cheryl
STREET ADDRESS	2837 LINCOLN BLVD	13 STREET ADDRESS	1389 Archer St.
CITY-ST-ZIP	FT MYERS FL 33916	14 CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUHAMMAD, ABDUL'HAQ	22 NAME	Williams, Pené
STREET ADDRESS	18682 TANGERINE RD	23 STREET ADDRESS	2732 Michigan Ave.
CITY-ST-ZIP	FT MYERS FL 33912	24 CITY-ST-ZIP	Ft. Myers FL 33916
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, RON	32 NAME	Pitts, Lee
STREET ADDRESS	P.O. BOX 881 (ST. ADDRESS NA)	33 STREET ADDRESS	P.O. Box 2662 (ST. ADDRESS NA)
CITY-ST-ZIP	LEHIGH ACRES FL 33970	34 CITY-ST-ZIP	Ft. Myers FL 33902
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	600001878166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-06/27/96--01049--052
STREET ADDRESS		63 STREET ADDRESS	***61.25
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/29/96 941 3342797

CR2E037 (12/95)