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Jun 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33902-1255
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3. Date Incorporated or Qualified 03/27/1992	3a. Date of Last Report 06/27/1996
4. FEI Number 65-0321309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2121 W. First St	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 4	Suite, Apt. #, etc. 27
City & State 23 Ft Myers FL	City & State 28
Zip 24 33901	Country 25 Lee
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**MUHAMMAD, ABDUL'HAG
18682 TANGERINE RD
FT MYERS FL 33912**

10. Name and Address of New Registered Agent
**81 Name MUHAMMAD, ABDUL'HAG
82 Street Address (P.O. Box Number is Not Acceptable) 2253 Central Ave
83
84 City Ft Myers FL 85 33901**

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	D	<input type="checkbox"/> DELETE
NAME	GOETHIE, LARRY	
STREET ADDRESS	2837 LINCOLN BLVD	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUHAMMAD, ABDUL'HAG	
STREET ADDRESS	18682 TANGERINE RD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKINS, RON	
STREET ADDRESS	P.O. BOX 661 (ST. ADDRESS NA)	
CITY-ST-ZIP	LEHIGH ACRES FL 33970	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, CHERYL	
STREET ADDRESS	1889 ARCHER ST	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PERDE	
STREET ADDRESS	2732 MICHIGAN AVE	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTS, LEE	
STREET ADDRESS	P.O. BOX 2662 (ST. ADDRESS N/A)	
CITY-ST-ZIP	FT MYERS FL 33902	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK EBELINI	
1.3 STREET ADDRESS	7790 KNIGHTWING CIRCLE	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2253 Central Ave	
2.4 CITY-ST-ZIP	Ft Myers FL 33901	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GIGAIL CURETON	
3.3 STREET ADDRESS	3107 6th STREET, EAST	
3.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KIMBLE, LODOVIC	
4.3 STREET ADDRESS	2234 STELLA ST	
4.4 CITY-ST-ZIP	FT MYERS FL 33901	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Charles Saunders	
5.3 STREET ADDRESS	1229 Eldorado Parkway S.E.	
5.4 CITY-ST-ZIP	Cape Coral, Fl 33904	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Walter Weck	
6.3 STREET ADDRESS	5643 Delido Ct.	
6.4 CITY-ST-ZIP	Cape Coral, Fl 33904	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I do hereby 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.

CP2E037 (9/96)