

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # P93000036959 (3)

1. Corporation Name

TWIN MANORS OF FORT LAUDERDALE, INC.



Principal Place of Business

6331 N2 11 ST
APT 16
SUNRISE FL 33313
US

Mailing Address

1829 TIGERTAIL AVE
MIAMI FL 33133
US

2. Principal Place of Business

2a. Mailing Address

21 6331 N. W 11 ST APT 16
22 Sunrise, FL
23 33313 USA
24 Zip 25 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified

05/24/1993

3a. Date of Last Report

08/08/1995

4. FEI Number

65-0419219

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. 190.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

HOUSTON, J. BRETT
1929 TIGERTAIL AVENUE
MIAMI FL 33133

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 607.002 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.005, Florida Statutes.

SIGNATURE

Signature of Registered Office Agent (if different from 9)

Signature of Registered Agent (if different from 10)

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE	D	<input type="checkbox"/> DELETE
12.2 NAME	HOUSTON, EDWARD	
12.3 STREET ADDRESS	100 NE THIRD AVE #850	
12.4 CITY-STATE-ZIP	FT LAUDERDALE FL 33301-1146	
12.5 TITLE	PD	<input type="checkbox"/> DELETE
12.6 NAME	HOUSTON, J. BRETT	
12.7 STREET ADDRESS	1829 TIGERTAIL AVENUE	
12.8 CITY-STATE-ZIP	MIAMI FL	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-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)(a), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Brett Houston* J. Brett Houston Pres 4/10/96 305-573-6261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)