


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**APPROVED
AND
FILED**

1997 MAY -2 PM 2: 28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000075019 (6)

1. Corporation Name
PATRICK MANOR INCORPORATED

Principal Place of Business 531 8TH STREET NORTH ST. PETERSBURG FL 33701	Mailing Address 531 8TH STREET NORTH ST. PETERSBURG FL 33701-2110
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/28/1995	3a. Date of Last Report 05/21/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-3358669	Applied For <input type="checkbox"/> Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
29. Country	30. Country	31. City & State	32. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**BACON, DAVID A ESQ.
2959 FIRST AVE., NORTH
ST. PETERSBURG FL 33713**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, PATRICK J	1.2 NAME	
STREET ADDRESS	9166 136TH STREET NORTH	1.3 STREET ADDRESS	531 - 8th ST NO
CITY - ST - ZIP	SEMINOLE FL 34846	1.4 CITY - ST - ZIP	ST. PETE, FL 33701
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, THERESA	2.2 NAME	
STREET ADDRESS	9166 136TH STREET NORTH	2.3 STREET ADDRESS	531 - 8th ST. NO.
CITY - ST - ZIP	SEMINOLE FL 34846	2.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33701
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	600002178346--3
CITY - ST - ZIP		3.4 CITY - ST - ZIP	-05/14/97--01074--018
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	*****165.00 *****165.00
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	600002178346--3
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-05/14/97--01074--018
STREET ADDRESS		5.3 STREET ADDRESS	*****8.75 *****8.75
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	SCC 5-2-97
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Theresa L. Weaver **Theresa L. Weaver** Date: **4/27/97** Daytime Phone #: **(813) 895-5509**

CR2E034 (9/96)