

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

FILED

**Jun 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S61078 (9)

1. Corporation Name
MEADOW DALE MANOR INC.



Principal Place of Business 1507 MEADOW DALE DRIVE CLEARWATER FL 34842	Mailing Address 1507 MEADOW DALE DRIVE CLEARWATER FL 34624-2504
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/17/1991	3a. Date of Last Report 04/16/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3108053	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**GANADE, TERESITA O
1507 MEADOW DALE DR.
CLEARWATER FL 34842**

10. Name and Address of New Registered Agent

81 Name **GANADE, KYM GODFREDDO O.**

82 Street Address (P.O. Box Number is Not Acceptable)
1507 MEADOW DALE DR.

83

84 City **CLEARWATER** FL 85 Zip Code **34624**

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 *[Signature]* **5-30-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/>
NAME	GANADE, TERESITA O	
STREET ADDRESS	1507 MEADOW DALE DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GANADE, TERESITA O	
STREET ADDRESS	1507 MEADOW DALE DRIVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997		Change	Addition
1.1 TITLE	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	GANADE, STEPHEN		
1.3 STREET ADDRESS	1507 MEADOW DALE DR.		
1.4 CITY-ST-ZIP	CLEARWATER, FL 34624		
2.1 TITLE	S	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	GANADE, KYM GODFREDDO O		
2.3 STREET ADDRESS	1507 MEADOW DALE DR.		
2.4 CITY-ST-ZIP	CLEARWATER, FL 34624		
3.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	GANADE, RAMMUND		
3.3 STREET ADDRESS	1504 MEADOW DALE DR.		
3.4 CITY-ST-ZIP	CLEARWATER, FL 34624		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)