

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
7. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
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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]* DATE **5-30-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

CR2E034 (9/96)