FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **464327** **(6)**

1. Corporate Name
LAUREL CENTER MANAGEMENT CO.

Principal Place of Business
12995 S CLEVELAND AVE
STE 221
FT MYERS FL 33907
US

Mailing Address
12995 S CLEVELAND AVE
STE 221
FT MYERS FL 33907
US

2. Current Principal Place of Business
21
22
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. No.
27
City, State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **11/01/1974**
3a. Date of Last Report: **06/13/1995**

4. FEI Number: **59-1554608** 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. Does Corporation Owe Initially for intangible tax under s. 199.032 Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

RUFFNER, CHARLES L.
2000 SOUTH DIXIE HIGHWAY
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: THOMAS W. LEFFINGWELL
82 Street Address: (P.O. Box Number is Not Acceptable) 12995 S. CLEVELAND AVE, SUITE 221
83
84 City: FORT MYERS FL 85 Zip Code: 33907

11. Pursuant to Section 607.0505 and/or 607.1008, 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. In compliance with Section 607.0505, the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the duties of Section 607.0505, Florida Statutes.

THOMAS W. LEFFINGWELL — Signature of New Registered Agent — 1/22/96 Date

12. OFFICERS AND DIRECTORS

PD
LOWELL, HARRY
12700 CREEKSIDE LANE, SUITE 101
FORT MYERS FL
[ ] Delete

[ ] Delete
[ ] Delete
[ ] Delete
[ ] Delete
[ ] Delete

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD
LOWELL, HARRY
12995 S. CLEVELAND AVE, SUITE 221
FORT MYERS, FL 33907
[X] Change [ ] Addition

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attached exhibit, as such director or officer.

SIGNATURE: [signature] 1/22/96 941-939-7438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

CR2E034 (12/95)