

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #	720802	(8)
1. Corporation Name FLORIDA MANOR, INC.		

Principal Place of Business 830 W. 29TH STREET ORLANDO FL 32805	Mailing Address 830 W. 29TH STREET ORLANDO FL 32805
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2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 04/26/1971	3a. Date of Last Report 05/01/1995
21 Suite, Apt. #, etc.	26 421 E. ROBINSON ST.	27 Suite, Apt. #, etc.	4. FEI Number 59-1348972	Applied For Not Applicable
22 City & State	27	28 ORLANDO, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 32801	30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent GILLESPIE, H. BOWEN 830 WEST 29TH STREET ORLANDO FL 32805		10. Name and Address of New Registered Agent 81 Name JOHN T. WETTACH 82 Street Address (P.O. Box Number is Not Acceptable) 421 E. ROBINSON ST. 83 84 City ORLANDO FL 85 Zip Code 32801	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *John T. Wettach* JOHN T. WETTACH, VICE PRESIDENT 7/26/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBERT, DORSEY, C.P.	1.2 NAME	
STREET ADDRESS	421 E. ROBINSON	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, JOHN	2.2 NAME	
STREET ADDRESS	111 N. ORANGE AVE SUITE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, FR. RICHARD	3.2 NAME	
STREET ADDRESS	526 PARK AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PARK FL 32790	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLEUS, ROBERT	4.2 NAME	
STREET ADDRESS	940 HIGHLAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEUMANN, REV. WILLIAM	5.2 NAME	
STREET ADDRESS	17301 HWY 40 EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, LOUIS, M.D.	6.2 NAME	
STREET ADDRESS	900 SOUTH DELANEY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John T. Wettach* JOHN T. WETTACH 7/26/96 (407) 246-4830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)