

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757208 (4)
 T. Corporation Name
PASSAGEWAY RESIDENCE OF DADE COUNTY, INC.



Principal Place of Business		Mailing Address	
2255 N.W. 10TH AVE MIAMI FL 33127 US		2255 N.W. 10TH AVE MIAMI FL 33127 US	
21	22	26	27
23	24	28	30

3. Date Incorporated or Qualified	05/19/1981
4. FEI Number	59-2088143
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MULLEN, THOMAS P
 2255 N.E. 10TH AVE
 MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name	THOMAS P MULLEN
82 Street Address (P.O. Box Number is Not Acceptable)	
83	2255 NW 10 AVENUE
84 City	MIAMI
85 Zip Code	FL 33127

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD MORRIS, BARRY	<input checked="" type="checkbox"/>
STREET ADDRESS	2255 N.W. 10TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD SAMAROO, LOLITA	<input type="checkbox"/>
STREET ADDRESS	1500 N.W. 12 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD CHAVEZ, TERESITA	<input type="checkbox"/>
STREET ADDRESS	2255 N.W. 10TH AVE	
CITY-ST-ZIP	MIAMI FL	
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 12		Change	Addition
1.1 TITLE	PD CHAVEZ, TERESITA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	2255 NW 10 Avenue		
1.3 STREET ADDRESS	MIAMI FL 33127		
1.4 CITY-ST-ZIP			
2.1 TITLE	VPD LEVINE, GAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	1350 NW 12 Avenue		
2.3 STREET ADDRESS	MIAMI FL 33136		
2.4 CITY-ST-ZIP			
3.1 TITLE	STD SAMAROO, LOLITA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	1500 NW 12 Avenue		
3.3 STREET ADDRESS	MIAMI FL 33128		
3.4 CITY-ST-ZIP			
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Thomas P. Mullen 1/5/98

CR2E037 (10/97)