


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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J39304 (7)					
1. Corporation Name SOUTHWOOD CONGREGATE LIVING, INC.					
Principal Place of Business 1152 OLD HAMMOCK ROAD P O BOX 290850 PORT ORANGE FL 32119-1016			Mailing Address 1152 OLD HAMMOCK ROAD P O BOX 290850 PORT ORANGE FL 32119-1016		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1986	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22. City & State		27. City & State		4. FEI Number 59-2729159	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ABELES, DAVID E E 5 W HIGHBANKS RD DEBARY FL 32713			10. Name and Address of New Registered Agent		
			81. Name CHARLES SHALETT		
			82. Street Address (P.O. Box Number is Not Acceptable) 505 DELTONA BLVD SUITE 104		
			83.		
			84. City DELTONA, FL		
			85. Zip Code 32725		
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: CHARLES SHALETT - TREAS. DATE: 4/23/97					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE VP/D					
1.2 NAME ABELES, DAVID E					
1.3 STREET ADDRESS 5 W HIGHBANKS RD					
1.4 CITY-ST-ZIP DEBARY FL					
2.1 TITLE TD					
2.2 NAME SHALETT, CHARLES					
2.3 STREET ADDRESS 505 DELTONA BLVD					
2.4 CITY-ST-ZIP DELTONA FL					
3.1 TITLE PD					
3.2 NAME ADE, RONALD					
3.3 STREET ADDRESS 202 PLUMOSA ROAD					
3.4 CITY-ST-ZIP DEBARY FL 32713					
4.1 TITLE VP/D					
4.2 NAME ELEANOR B. ADE					
4.3 STREET ADDRESS 202 PLUMOSA ROAD					
4.4 CITY-ST-ZIP DEBARY, FL. 32713					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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.					
SIGNATURE: CHARLES SHALETT - TREAS. DATE: 4/23/97 (407)574-6601					

CR2E034 (9/96)