

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

FILED
Apr 16 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 # **K05403** (6)

1. Corporation Name
INDIAN OAKS MANOR, INC.

Principal Place of Business
**% PATRICK J. SHAUGHNESSY
P.O. BOX 1773
LARGO FL 34649-1773**

Mailing Address
**% PATRICK J. SHAUGHNESSY
P.O. BOX 1773
LARGO FL 33779-1773**



2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		3a. 04/16/1996	
22 City & State		4. FEI Number	
23 Zip		4. 59-2860861	
24 Country		5. Certificate of Status Desired	
25		5. <input type="checkbox"/> \$8.75 Additional Fee Required	
26		6. Election Campaign Financing	
27		6. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29		8. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
30		3. Date Incorporated or Qualified	
31		3. 12/07/1987	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHAUGHNESSY, PATRICK J. 14171 VALENTINE TRL. LARGO FL 34644		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SHAUGHNESSY, PATRICK J.	1.2 NAME	
STREET ADDRESS	46 NORTH PINE CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELLEIN FL	1.4 CITY - ST - ZIP	
TITLE	STV	2.1 TITLE	
NAME	HAYNES, SHERYL M	2.2 NAME	
STREET ADDRESS	46 NORTH PINE CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELLEIN FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: **PATRICK J. SHAUGHNESSY** **4-9-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **815 555 0403**

CR2E034 (9/96)