

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
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DOCUMENT # L09039 (3)
 1. Corporation Name
MANATEE PALMS THERAPEUTIC GROUP HOME, INC.



Principal Place of Business 3060 WILLIAMS DR. FAIRFAX VA 22031	Mailing Address 3060 WILLIAMS DR. FAIRFAX VA 22031
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2. Principal Place of Business	2a. Mailing Address
21 501 Church St. N.E. <small>Suite, Apt. #, etc.</small>	26 501 Church St. N.E. <small>Suite, Apt. #, etc.</small>
22 333 <small>City & State</small>	27 333 <small>City & State</small>
23 Vienna, VA <small>Zip</small>	28 Vienna, VA <small>Zip</small>
24 22180 <small>Country</small>	29 22180 <small>Country</small>
25	30

3. Date Incorporated or Qualified 08/15/1989	3a. Date of Last Report 04/27/1995
4. FEI Number 58-1855101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____
Signature typed or printed name of registered agent and the filing date. (In 311, Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	FOCHT, MICHAEL H SR
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	ANDERSONS, MARIS
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	VSD <input checked="" type="checkbox"/> DELETE
NAME	BROWN, SCOTT M
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	CFO <input checked="" type="checkbox"/> DELETE
NAME	MATHIASSEN, RAYMOND L
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	SILVER, RICHARD B
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P
STREET ADDRESS	2700 COLORADO AVE
CITY-ST-ZIP	SANTA MONICA CA 90404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Timothy L. Pullen
3. STREET ADDRESS	14001 Dallas Parkway
4. CITY-ST-ZIP	Dallas TX 75240
2. TITLE	Vice Pres./Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Richard B. Silver
3. STREET ADDRESS	2700 Colorado Ave.
4. CITY-ST-ZIP	Santa Monica, CA 90404
3. TITLE	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	Terence P. McMullen
3. STREET ADDRESS	2700 Colorado Ave.
4. CITY-ST-ZIP	Santa Monica, CA 90404
4. TITLE	Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	Alan Lundgren
4. STREET ADDRESS	2700 Colorado Ave.
4. CITY-ST-ZIP	Santa Monica, CA 90404
5. TITLE	900001786549 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	-04/19/96--01011--017
5. STREET ADDRESS	***200.00
5. CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:  DATE: **3/24/96** 310/998-8427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

4-18-96
JR