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1998 MAR -2 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L09039 (3)					
1. Corporation Name MANATEE PALMS THERAPEUTIC GROUP HOME, INC.					
Principal Place of Business % MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105			Mailing Address % MARY YUMIBE 3820 STATE STREET SANTA BARBARA CA 93105		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-1855101	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29 30	
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			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
			85 Zip Code 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 Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PULLEN, TIMOTHY L					
1.3 STREET ADDRESS 14001 DALLAS PARKWAY					
1.4 CITY-ST-ZIP DALLAS TX 75240					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME SILVER, RICHARD B					
2.3 STREET ADDRESS 3820 STATE STREET					
2.4 CITY-ST-ZIP SANTA BARBARA CA 93105					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME MCMULLEN, TERENCE P					
3.3 STREET ADDRESS 3820 STATE STREET					
3.4 CITY-ST-ZIP SANTA BARBARA CA 93105					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME LUNDGREN, ALAN					
4.3 STREET ADDRESS 3820 STATE STREET					
4.4 CITY-ST-ZIP SANTA BARBARA CA 93105					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME BROWN, SCOTT M					
5.3 STREET ADDRESS 3820 STATE STREET					
5.4 CITY-ST-ZIP SANTA BARBARA CA 93105					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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14. I 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 **Richard B. Silver** 2/25/98 805/563-7075

CR2E034 (10/97)