

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L49196** (3)

1. Corporation Name
DEER POINTE OF TALLAHASSEE, INC.

Principal Place of Business
**4332 CAPITAL CIRCLE N.W.
TALLAHASSEE FL 32303**

Mailing Address
**4332 CAPITAL CIRCLE N.W.
TALLAHASSEE FL 32303-7225**

FILED
May 09 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1990	3a. Date of Last Report 07/08/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2996015	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BUTLER, NEIL H.
911 EAST PARK AVENUE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1B NAME	
STREET ADDRESS		1C STREET ADDRESS	
CITY-ST-ZIP		1D CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2B NAME	
STREET ADDRESS		2C STREET ADDRESS	
CITY-ST-ZIP		2D CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3B NAME	
STREET ADDRESS		3C STREET ADDRESS	
CITY-ST-ZIP		3D CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4B NAME	
STREET ADDRESS		4C STREET ADDRESS	
CITY-ST-ZIP		4D CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5B NAME	
STREET ADDRESS		5C STREET ADDRESS	
CITY-ST-ZIP		5D CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6A TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6B NAME	
STREET ADDRESS		6C STREET ADDRESS	
CITY-ST-ZIP		6D 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 *MAISONNEUX, DANIEL* DATE *11/30/97* *AND CLERK*

CR2E034 (9/96)