

290 FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M05187 (3)

1. Corporation Name
DCA HOMES OF CENTRAL FLORIDA, INC.



Principal Place of Business
% MORRIS J. WATSKY, ESQ.
700 NW 107TH AVENUE 4TH FLOOR
MIAMI FL 33172

Mailing Address
% MORRIS J. WATSKY, ESQ.
700 NW 107TH AVENUE 4TH FLOOR
MIAMI FL 33172

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

30

3. Date Incorporated or Qualified
09/14/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2460033

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
WATSKY, MORRIS J., ESQ.
700 NW 107TH AVENUE 4TH FLOOR
MIAMI FL 33172

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, type or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	DELETE
NAME	MILLER, LEONARD	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	DELETE
NAME	BOLOTIN, IRVING	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	DELETE
NAME	PEKOR, ALLAN J.	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	DELETE
NAME	SIERRA, KATHLEEN E.	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	DELETE
NAME	SALEDA, M.E.	
STREET ADDRESS	700 N.W. 107TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	DELETE
NAME	SANTAELLA, GRACE	
STREET ADDRESS	700 NW 107TH AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

700001809787
-03/26/96-51379--028
***200.00

800001811238
-05/07/96--01089--028
***200.00

229-6400

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: Grace Santaella Grace Santaella 4-5-96 229-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)