

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

DOCUMENT # M79078 (5)

1. Corporation Name
DEEANN ESTATES, INC.

Principal Place of Business

% J. TIMOTHY SHEEHAN
234 CENTRAL AVE.
LAKE PLACID FL 33852

Mailing Address

% J. TIMOTHY SHEEHAN
234 CENTRAL AVE.
LAKE PLACID FL 33852



3. Date Incorporated or Qualified 05/02/1988 3a. Date of Last Report 02/20/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		NOT APPLICABLE		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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHEEHAN, J. TIMOTHY
234 CENTRAL AVE.
LAKE PLACID FL 33852

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	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	BEIL, KENNETH D.	1.2 NAME	
CITY - ST - ZIP	44 GASHEL ROAD CLAYSVILLE PA	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY - ST - ZIP	
STREET ADDRESS	VPST	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	BEIL, CAROL A.	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	44 GASHEL ROAD	2.4 CITY - ST - ZIP	
CITY - ST - ZIP	CLAYSVILLE PA	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY - ST - ZIP	
STREET ADDRESS		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

412 429 1220

Daytime Phone #

CR2E034 (12/95)