

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12796 (1)
1. Corporation Name
THE DEAUVILLE GARDENS, INC.



Principal Place of Business Mailing Address
**3212 SOUTHEAST 8TH STREET
POMPANO BEACH FL 33062** **3212 SOUTHEAST 8TH STREET
POMPANO BEACH FL 33062**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1985	3a. Date of Last Report 04/14/1995
21		26		4. FEI Number 59-1090130	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	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				10. Name and Address of New Registered Agent	
MILLER, ROBERT 3212 SE 18 ST APT A-4 POMPANO BEACH FL 33062				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Robert Miller* 4/15/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YONKE, WILLIAM	1.2 NAME	
STREET ADDRESS	3212 SE 8TH ST., APT A7	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUEN, JOEL	2.2 NAME	
STREET ADDRESS	5456 DUBLIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHRODER, FRANCES	3.2 NAME	
STREET ADDRESS	3212 SE 8 STR, APT B5	3.3 STREET ADDRESS	<i>SECRETARY RUTH BAUER 3212 S.E. 8 ST. POMPANO BEACH, FL 33062</i>
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASA, PETER	4.2 NAME	
STREET ADDRESS	1472 ADAMS ST	4.3 STREET ADDRESS	<i>WILLIAM HOEVERAR 20730 PARKWOOD LN. STRONGSVILLE, OHIO 44136</i>
CITY-ST-ZIP	ELMONT NY	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROBERT	5.2 NAME	
STREET ADDRESS	3212 SE 8TH ST. APT A4	5.3 STREET ADDRESS	<i>JO ANN MCCUEN 3212 S.E. 8 ST. POMPANO BEACH, FL 33062</i>
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERNOSTER, GILDA	6.2 NAME	
STREET ADDRESS	3212 SE 8 STR, APT B22	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Miller* 4/15/96 954-786-0580
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)