

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 # **N19262** (7)

1. Corporation Name
HIALEAH ELDERLY HOUSING, INC.



Principal Place of Business: 125 CLAIREMONT AVE. STE 505, DECATUR GA 30030, US
Mailing Address: 125 CLAIREMONT AVE. STE 505, DECATUR GA 30030, US

3. Date Incorporated or Qualified: 02/16/1987
3a. Date of Last Report: 02/28/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		58-1719466	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORALES, ALICIA
201 S. BISCAYNE BLVD.
MIAMI FL 33131

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GLENN, JOSEPH F.	
STREET ADDRESS	125 CLAIREMONT AVE, STE 505	
CITY-ST-ZIP	DECATUR GA	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GLENN, ELIZABETH C.	
STREET ADDRESS	125 CLAIREMONT AVE, STE 505	
CITY-ST-ZIP	DECATUR GA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REINHART, ROBERT L.	
STREET ADDRESS	125 CLAIREMONT AVE, STE 505	
CITY-ST-ZIP	DECATUR GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLATT, STEPHEN F	
STREET ADDRESS	125 CLAIREMONT AVE, STE 505	
CITY-ST-ZIP	DECATUR GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, WILLARD	
STREET ADDRESS	125 CLAIREMONTE AVE, STE 505	
CITY-ST-ZIP	DECATUR GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REAGAN, LARRY G	
STREET ADDRESS	125 CLAIREMONT AVE, STE 505	
CITY-ST-ZIP	DECATUR GA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 or is attached to an attachment with an address.

SIGNATURE: Joseph F. Glenn, President 2-22-96 404 370-0262

CR2E037 (12/95)