


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19262 (7)**  
1. Corporation Name  
**HIALEAH ELDERLY HOUSING, INC.**



Principal Place of Business <b>125 CLAIREMONT AVE. STE 505 DECATUR GA 30030 US</b>	Mailing Address <b>125 CLAIREMONT AVE. STE 505 DECATUR GA 30030-2552 US</b>
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3. Date Incorporated or Qualified <b>02/16/1987</b>	3a. Date of Last Report <b>02/27/1996</b>
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2. Principal Place of Business 21 <b>3447 Greystone Cir</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P. O. Box 450049</b> Suite, Apt. #, etc.
22 City & State <b>Atlanta, GA</b>	27 City & State <b>Atlanta, GA</b>
24 Zip <b>30341</b>	25 Country <b>DeKalb</b>
29 Zip <b>31145</b>	30 Country <b>DeKalb</b>

4. FEI Number <b>58-1719466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**MORALES, ALICIA  
201 S. BISCAYNE BLVD.  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3447 Greystone Cir</b>
1.4 CITY-ST-ZIP	<b>Atlanta, GA 30341</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3447 Greystone Cir</b>
2.4 CITY-ST-ZIP	<b>Atlanta, GA 30341</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>3447 Greystone Cir</b>
3.4 CITY-ST-ZIP	<b>Atlanta, GA 30341</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>3447 Greystone Cir</b>
5.4 CITY-ST-ZIP	<b>Atlanta, GA 30341</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>3447 Greystone Cir</b>
6.4 CITY-ST-ZIP	<b>Atlanta, GA 30341</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph F. Glenn* **REQUIRED** Joseph F. Glenn 2/4/97 (770) 496-0598

CR2E037 (9/96)