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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42426 (9)
1. Corporation Name
CATHOLIC ELDERLY SERVICES, INC.



Principal Place of Business 3075 N.W. 35 AVENUE LAUDERDALE LAKES FL 33311 US	Mailing Address 3075 N.W. 35 AVENUE LAUDERDALE LAKES FL 33311-1107 US
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2. Principal Place of Business 21 4740 N State Road 7 Suite, Apt. #, etc. 22 Bldg C, Suite 100 City & State 23 Lauderdale Lakes, FL Zip 24 33319		2a. Mailing Address 26 4740 N State Road 7 Suite, Apt. #, etc. 27 Bldg C, Suite 100 City & State 28 Lauderdale Lakes, FL Zip 29 33319		3. Date Incorporated or Qualified 03/11/1991		3a. Date of Last Report 04/01/1996	
4. FEI Number NOT APPLICABLE		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK 110 MERRICK WAY, SUITE 3-B CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 FL		86 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD JOHNSON, PAUL 726 NE 1 AVE MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD PENNEKAMP, THOMAS 6710 LE JEUNE RD. CORAL GABLES FL	1.2 NAME	
TITLE	D VAUGHAN, JOHN J. 9401 BISCAYNE BLVD. MIAMI SHORES FL	1.3 STREET ADDRESS	
TITLE	EVD HONOLD, THOMAS G. C/O 1050 NE 125TH ST N MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VTD HENNESSY, WILLIAM C/O 9401 BISCAYNE BLVD MIAMI SHORES FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D ESTEVEZ, FELIPE 1111 SW 107 AVE. MIAMI FL	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 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: Thomas G. Honold Thomas G. Honold 2/28/97 (954) 484-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034560

CR2E037 (9/96)