


FILE NOW: FILING FEE IS \$61.25

FILED

May 29 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 # **N93000002365 (5)**

1. Corporation Name

**PLEASANT PLACE, INC.**



Principal Place of Business <b>1721 NE 75TH STREET GAINESVILLE FL 32641</b>	Mailing Address <b>1721 NE 75TH STREET GAINESVILLE FL 32641-2793</b>
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3. Date Incorporated or Qualified <b>05/24/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>732 NW 4th Street</b>	2a. Mailing Address 26 <b>PO Box 2341</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Gainesville, FL</b>	City & State 28 <b>Gainesville, FL</b>
Zip 24 <b>32601</b>	Country 25 <b>USA</b>

4. FEI Number <b>59-3171585</b>	Applied For 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 <b>CORPORATION SERVICE COMPANY . 1201 HAYS ST. TALLAHASSEE FL 32301</b>	
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10. Name and Address of New Registered Agent 81 Name <b>Deegan, Timothy</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2581-A3 NW 41st Street</b> 83 84 City <b>Gainesville</b> <b>FL</b> 85 Zip Code <b>32606</b>	
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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 *Timothy P. Deegan* DATE *5/19/97*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
<b>PD FEASTER, PAM 1721 NE 75TH STREET GAINESVILLE FL 32641</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
<b>VD RILEY, DONNA 425 NE 8TH ST. GAINESVILLE FL 32601</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
<b>SD GRIFFIN, CAROLYN 308 SE 44TH ST. GAINESVILLE FL 32641</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
<b>TD GRAHAM, APPIE 5922 NW 28TH TERRACE GAINESVILLE FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>VD Graham, Appie 5922 NW 28th Terrace Gainesville, FL</b>	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TD Deegan, Timothy 2581-A3 NW 41st Street Gainesville FL 32606</b>	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pamela Feaster* DATE *4/1/97* **352 874-8519**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0011823

CP2E037 (9/96)