- FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N95000002200 (2)

FELINE MANOR, INC.

Principal Place of Business

DOCUMENT #
1. Corporation Name

Mailing Address



		KEY WEST FL 33040			
				3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report
2. Principal Place of Busines	SS, ac D.L.	2a. Mailing Address	//0 / 007	4. FEI Number	Applied For
1 21251 01	d State Rd 4K	26 P.O. BOX	421007	65-058158	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
2 City & State		City & State	a. I has r	6. Election Campaign Financing	\$5.00 May Be
3 Cudjoe 1	sey, FL	28 Summer la	and Kej, r	Trust Fund Contribution	Added to Fees
33042	ZE MMMYOP	33042	Country 30 MONT	8. This corporation has liability for li Florida Statutes	Yes XNo
	and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name	LENARE MAdels	ine
CORPORATION SE	RVICE COMPANY		82 Street	Arldress (P.O. Box Number is Not Acceptable	e) .
1201 HAYS STREE			B3 62 .	1251 Old Store Ro	Wa 47
TALLAHASSEE FL	32301-2525			UDIOE KEY, FL	·
			84 City		FL 85 Zip Code 33042
11 Pursuant to the province	one of Sections 617 0502	and 617 1508 Florida Statutes	the above-named co	rporation submits this statement for the pur	oose of changing its registered office
or registered agent, or l	both, in the State of Florida	 Such change was authorized. 	by the corporation's	board of directors. I hereby accept the appo	bintment as régistered agent. I am
	of the obligations of, section	on 617.0503, Florida Statutes.	aloune st	D Trans + Cecti	2/25/96
SIGNATURE Signature, typed of	or printed name of registered agent a	ACTION C //////ON Indicate if applicable. (NOTE:	: Registered Agent signature ri	D., TYPAS. + SPCEY, equiled when renstating	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICFRS AND DIRECTORS IN 12
ITLE		DELETE	1.1 TITLE D	Elleen FLKINSON	Change Addition
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				21251 Old STATE R CUDJOE KEY, FL	
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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.

Lenore Madeleine 2/25/96 N/A