


FILE NOW: FILING FEE IS \$61.25

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Feb 27 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 # **N95000002200 (2)**

1. Corporation Name

FELINE MANOR, INC.



Principal Place of Business	Mailing Address
21251 OLD STATE ROAD SUITE 4A CUDJOE KEY FL 33042 US	P.O. BOX 421007 SUMMERLAND FL 33042-1007 US

2. Principal Place of Business	2a. Mailing Address
21 21251 Old State Rd. 4A	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 CUDJOE KEY, FL	28
Zip	Country
24 33042	25 MONROE
29	30

3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report 03/04/1996
4. FEI Number 65-0581581	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
MADELEINE LENORE 21251 OLD STATE ROAD SUITE 4A CUDJOE KEY FL 33042	

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
	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	
TITLE	<input type="checkbox"/> DELETE
NAME	P ELKINSON, EILLEN
STREET ADDRESS	21251 OLD STATE ROAD #4A
CITY-ST-ZIP	CUDJOE KEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	VTS MADELEINE, LENORE
STREET ADDRESS	21251 OLD STATE ROAD #4A
CITY-ST-ZIP	CUDJOE KEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BARRON, BECKY
STREET ADDRESS	KNOWLES STREET
CITY-ST-ZIP	BIG PINE KEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HRVEY, JESSEE
STREET ADDRESS	2770 N. ROOSEVELT BLVD
CITY-ST-ZIP	KEY WEST FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SNOW, CARROLL
STREET ADDRESS	2508 SELDENBERG AVENUE
CITY-ST-ZIP	KEY WEST FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SNOW, VICKI
STREET ADDRESS	2508 SELDENBERG AVENUE
CITY-ST-ZIP	KEY WEST FL

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	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Becky Barron
3.3 STREET ADDRESS	31410 WARNER ST.
3.4 CITY-ST-ZIP	BIG PINE KEY, FL 33043
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 _____

CR2E037 (9/96)