

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005607 (5)
 1. Corporation Name
COMMUNITY INCLUSION ENTERPRISES, INC.



Principal Place of Business 3459 DEPEW AVE. PT. CHARLOTTE FL 33952 US	Mailing Address 22171 BREEZESWEPT AVE. PT. CHARLOTTE FL 33952
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3. Date Incorporated or Qualified 11/28/1995	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 65-0624568		
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26 3459 Depew Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Pt Charlotte, FL
Zip 24	Country 30 US
Country 25	Zip 29 33952

9. Name and Address of Current Registered Agent TAYLOR, DONNA V 22171 BREEZESWEPT AVE PORT CHARLOTTE FL 33952	
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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 *Donna V. Taylor* DATE 1-6-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DONNA V	1.2 NAME	
STREET ADDRESS	22171 BREEZESWEPT AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD, LEWIS	2.2 NAME	
STREET ADDRESS	3347 N.E. APPALOOSA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESHONG, VANESSA	3.2 NAME	
STREET ADDRESS	17441 BILLIAR AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALS, CATHY	4.2 NAME	
STREET ADDRESS	20335 WILKIE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33954	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOST, KAARE	5.2 NAME	
STREET ADDRESS	21028 EXMORE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL 33952	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Donna V. Taylor* DATE 1-6-98 (94)629-4109

CR2E037 (10/97)