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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005607

1. Corporation Name
COMMUNITY INCLUSION ENTERPRISES, INC.

Principal Place of Business 3459 DEPEW AVE. PT. CHARLOTTE FL 33952 US	Mailing Address 3459 DEPEW AVE PT. CHARLOTTE FL 33952 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 11/28/1995	4. FEI Number 65-0624568 Applied For
24	25	29	30

9. Name and Address of Current Registered Agent TAYLOR, DONNA V 22171 BREEZESWEPT AVE PORT CHARLOTTE FL 33952	10. Name and Address of New Registered Agent 81 Name <i>Donna V. Taylor</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>15440 Lakeland Circle</i> 83 84 City <i>Pt Charlotte</i> FL 85 Zip Code <i>33981</i>
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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 *[Signature]* address change only 2-1-99-
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<i>D Taylor, Donna V</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DONNA V	1.2 NAME	<i>address</i>
STREET ADDRESS	22171 BREEZESWEPT AVE	1.3 STREET ADDRESS	<i>15440 Lakeland Circle</i>
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	1.4 CITY-ST-ZIP	<i>Pt Charlotte, FL 33981</i>
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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESHONG, VANESSA	3.2 NAME	<i>McHarge, Kelli C.</i>
STREET ADDRESS	17441 BILLIAR AVE.	3.3 STREET ADDRESS	<i>15440 Lakeland Circle</i>
CITY-ST-ZIP	PT. CHARLOTTE FL 33948	3.4 CITY-ST-ZIP	<i>Pt Charlotte, FL 33981</i>
TITLE	D <input checked="" 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 2-1-99 941-629-4109
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)