

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004609 (1)**

1. Corporation Name

CASE MANAGEMENT SOCIETY OF TAMPA BAY, INC.



Principal Place of Business 1824 SW 100 AVE. MIRAMAR FL 33025	Mailing Address 1824 SW 100 AVE. MIRAMAR FL 33025
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report 2/4/96
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0631221	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORERO, KATHLEEN RPM, INC. 1820 SW 100 AVE. MIRAMAR FL 33025	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	PEDERSEN, JENNA
STREET ADDRESS	10308 SPRINGROSE DR.
CITY-ST-ZIP	TAMPA FL 33626
TITLE	VPD <input type="checkbox"/> DELETE
NAME	LITZENBERGER, PINA
STREET ADDRESS	11401 9TH ST. N. #1201
CITY-ST-ZIP	ST. PETERSBURG FL 33716
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	HIGA, CARLA
STREET ADDRESS	2 COLUMBIA DR.
CITY-ST-ZIP	TAMPA FL 33601
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	DURR, RAY
STREET ADDRESS	2803 ESPERANZA AVE.
CITY-ST-ZIP	TAMPA FL 33629
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Litzenberger, Pina
2.3 STREET ADDRESS	11401 9th St. N., #1201
2.4 CITY-ST-ZIP	St. Petersburg, FL
3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Safranek, Joyce
3.3 STREET ADDRESS	974 Tradewinds Trail
3.4 CITY-ST-ZIP	Palm Harbor, FL 34683
4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bundrock, Gene
4.3 STREET ADDRESS	12312 92nd St. N.
4.4 CITY-ST-ZIP	Largo, FL 33773
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 _____ SIGNATURE REQUIRED (Bundrock) 8-2-97 813-438-9139

CR2E037 (4/97)