


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000052153 (2)

1. Corporation Name

SIENA HOME CORPORATION

Principal Place of Business

2909 W STATE RD 434
SUITE 121-131
LONGWOOD FL 32779
US

Mailing Address

2909 W STATE RD 434
SUITE 121-131
LONGWOOD FL 32779
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	07/23/1993	59-3193130	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing	5.00 May Be Added to Fees	
24 Country	29 Country	Trust Fund Contribution	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	30		Yes No	

9. Name and Address of Current Registered Agent

GOODMAN, BARRY S
2909 W STATE RD 434
SUITE 121-131
LONGWOOD FL 32779

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	D - VP
NAME	GOODMAN, BARRY S	1.2 NAME	GOODMAN, BARRY S.
STREET ADDRESS	2909 W SR 434 N SUITE 121-131	1.3 STREET ADDRESS	2909 W. STATE ROAD 434, #121-131
CITY - ST - ZIP	LONGWOOD FL	1.4 CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	DPT	2.1 TITLE	D - P - T
NAME	FREEDMAN, JERRY	2.2 NAME	FREEDMAN, JERRY
STREET ADDRESS	2909 W SR 434 N SUITE 121-131	2.3 STREET ADDRESS	2909 W. STATE ROAD 434, #121-131
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE	D	3.1 TITLE	D - S
NAME	BIEDERMAN, R. A.	3.2 NAME	BIEDERMAN, R.A.
STREET ADDRESS	2909 W SR 434 N SUITE 121-131	3.3 STREET ADDRESS	2909 W. STATE ROAD 434, #121-131
CITY - ST - ZIP	LONGWOOD FL	3.4 CITY - ST - ZIP	LONGWOOD, FL 32779
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Jerry Freedman
President

4/3/98

(407) 786-4244

CR2E034 (10/97)