


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA3000083015			
1. Corporation Name Florida Four Seasons MANOR, Inc.			
Principal Place of Business 1708 N.E. 4th St. Boynton Beach, FL 33435		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12-6-93	
22 City & State	27 City & State	3a. Date of Last Report 5-1-95	
23 Zip	28 Zip	4. FEI Number 65-0452840	
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent Jerry L. Wright 8931 S.W. 196 Drive Miami, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
81 Name Leon Rosenblatt		82 Street Address (P.O. Box Number is Not Acceptable) 1708 NE 4 St.	
83		84 City Boynton Beach	
85 Zip Code FL 33435			
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. Leon Rosenblatt 6-13-96			
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE Director		12 NAME Leon Rosenblatt	
13 STREET ADDRESS 1708 NE 4 St.		14 CITY-ST-ZIP Boynton Beach, FL	
21 TITLE Director		22 NAME Leon Rosenblatt	
23 STREET ADDRESS 8931 SW 196 Drive		24 CITY-ST-ZIP Miami, FL	
31 TITLE <input type="checkbox"/> DELETE		32 NAME	
33 STREET ADDRESS		34 CITY-ST-ZIP	
41 TITLE <input type="checkbox"/> DELETE		42 NAME	
43 STREET ADDRESS		44 CITY-ST-ZIP	
51 TITLE <input type="checkbox"/> DELETE		52 NAME	
53 STREET ADDRESS		54 CITY-ST-ZIP	
61 TITLE <input type="checkbox"/> DELETE		62 NAME	
63 STREET ADDRESS		64 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Leon Rosenblatt 6-13-96 407-738-6465			

CR2E034 (3/96)