FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
95 JUN -2 AM 8:42

DOCUMENT # **P94000054105 (9)**

1. Corporation Name
THE GARDENS OF SPRING HILL, INC.

Principal Place of Business
5919 TROUBLE CREEK RD., #3
NEW PORT RICHEY FL 34652

Mailing Address
5919 TROUBLE CREEK RD., #3
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1994**
3a. Date of Last Report:

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: Pending — [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

RACHMIEL, SANFORD
4550 ACKERMAN STREET
NEW PORT RICHEY FL 34653

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 title if applicable) (NOTE: Registered Agent signature required after mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[ ] Change [ ] Addition
NAME	RACHMIEL, SANFORD	1.2 NAME	
STREET ADDRESS	4550 ACKERMAN STREET	1.3 STREET ADDRESS	
CITY ST ZIP	NEW PORT RICHEY FL 34653	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	[ ] Change [ ] Addition
NAME	RACHMIEL, JOAN	2.2 NAME	
STREET ADDRESS	4550 ACKERMAN STREET	2.3 STREET ADDRESS	
CITY ST ZIP	NEW PORT RICHEY FL 34653	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	[ ] Change [ ] Addition
NAME	ORLANDO, SALVATORE	3.2 NAME	
STREET ADDRESS	8705 AIRWAY BLVD.	3.3 STREET ADDRESS	
CITY ST ZIP	NEW PORT RICHEY FL 34654	3.4 CITY ST ZIP	
TITLE	TD	4.1 TITLE	[ ] Change [ ] Addition
NAME	ORLANDO, MARIA	4.2 NAME	
STREET ADDRESS	8705 AIRWAY BLVD.	4.3 STREET ADDRESS	
CITY ST ZIP	NEW PORT RICHEY FL 34654	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing, if 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with any addition.

SIGNATURE: _____ 5/27/95 813-842-2000
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR (Date) (Telephone Number)
SANFORD RACHMIEL

0383942 CP