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

APPROVED AND FILED
1996 AUG 28 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000054428 (5)**

1. Corporation Name
A WELCOME RETREAT CAMPUS, INC.

Principal Place of Business
140 W. MONROE STREET
STE. 200
JACKSONVILLE FL 32202

Mailing Address
140 W. MONROE STREET
STE. 200
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: **07/20/1994**
3a. Date of Last Report: **10/12/1995**

2. Principal Place of Business (21)
Suite, Apt #, etc (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt #, etc (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: ~~APPLIED FOR~~ 59-3368383 — 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 filing his tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
MUYRES, DAVID
140 W. MONROE STREET
STE. 200
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name: KIRSCHNER, MAIN, GRAHAM, TANNER + DEMONT
82 Street Address (P.O. Box Number is Not Acceptable): ONE INDEPENDENT DRIVE, SUITE 2000
83 [signature]
84 City: JACKSONVILLE FL 85 Zip Code: 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature], Vice President — DATE: 8/27/96

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BARNES, JOE
STREET ADDRESS	140 W. MONROE STREET, STE. 200
CITY-ST-ZIP	JACKSONVILLE FL 32202
DELETE	X
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	[ ]
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	[ ]
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	[ ]
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	[ ]
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DELETE	[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — Change [X] Addition [ ]

1.1 TITLE	PD
1.2 NAME	DAVID MUYRES
1.3 STREET ADDRESS	140 W. MONROE ST
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
Change [ ] Addition	[X]
2.1 TITLE	VD
2.2 NAME	MARTIN PETRIE
2.3 STREET ADDRESS	140 W MONROE ST
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
Change [ ] Addition	[X]
3.1 TITLE	STD
3.2 NAME	CHARLES GAUDRY
3.3 STREET ADDRESS	140 W MONROE ST
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
Change [ ] Addition	[X]
4.1 TITLE	D
4.2 NAME	ROBERT KNIGHT
4.3 STREET ADDRESS	140 W. MONROE ST
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
Change [ ] Addition	[X]
5.1 TITLE	D
5.2 NAME	ROBERT VAN WINKEL
5.3 STREET ADDRESS	140 W. MONROE ST
5.4 CITY-ST-ZIP	JACKSONVILLE
Change [ ] Addition	[ ]
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

900001939788
-09/05/96--01055--[illegible]
****225.00 ****225.00

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)(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], Director — 8/21/96 — (904) 358-8804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert M Knight Jr.

CR2E034 (3/96)

0003219 CP