

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

FILED
May 12 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 # P94000066711 (0)

1. Corporation Name
OHI (FLORIDA), INC.



Principal Place of Business 905 W. EISENHOWER CIRCLE SUITE 110 ANN ARBOR MI 48103 US	Mailing Address 905 W. EISENHOWER CIRCLE SUITE 110 ANN ARBOR MI 48103 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/12/1994	
4. FEI Number 65-0523484	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

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CFO	<input type="checkbox"/> DELETE
NAME	STOVER, DAVID A	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BAILEY, ESSEL W JR	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KELLMAN, SCOTT F.	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI 48103	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	STOVER, DAVID A	
STREET ADDRESS	905 W. EISENHOWER CIRCLE, SUITE 110	
CITY-ST-ZIP	ANN ARBOR MI 48103	
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

11 TITLE	SUSAN KOVACH SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	905 W. EISENHOWER CIRCLE #110	
14 CITY-ST-ZIP	Ann Arbor, MI 48103	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	700002522487	
64 CITY-ST-ZIP	-05/13/98--01025--031	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 trustee 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 of this filing.

SIGNATURE **DAVID A STOVER** 4/27/98 734/

CR2E034 (10/97)