

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

093 SEP 30 PM 1:54

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

0015615

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P94000077635 (8)**
 1. Corporation Name
ST. MARY'S HOME, INC.



Principal Place of Business: **719 W WINTER PARK ORLANDO FL 32804 US**
 Mailing Address: **719 W WINTER PARK ORLANDO FL 32804 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **719 W WINTER PARK**
 Suite, Apt. #, etc.
 22
 City & State
 23 **ORLANDO FL**
 Zip Country
 24 **32804** 25
 26a. Mailing Address
 26 **3398 TIMUCUA Circle**
 Suite, Apt. #, etc.
 27
 City & State
 28 **ORLANDO FL**
 Zip Country
 29 **32837** 30

3. Date Incorporated or Qualified
10/18/1994
 4. FEI Number **59-3276100** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MANABAT, DENNIS
3398 TIMUCUA CIRCLE
ORLANDO FL 32837

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANABAT, DENNIS	1.2 NAME	
STREET ADDRESS	3398 TIMUCUA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANABAT, REVELYN	2.2 NAME	
STREET ADDRESS	3398 TIMUCUA CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

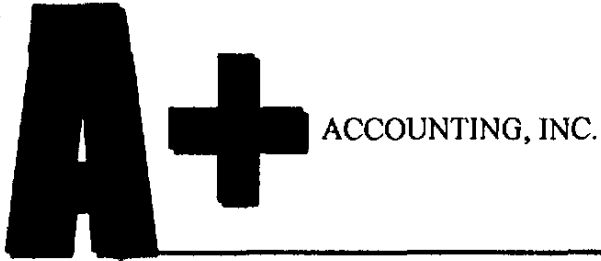
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 ***150.00 ***150.00

SCC 9-30-98

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 if changed, or on an attachment with an address.

SIGNATURE: _____ 9/22/98

CR2E034 (5/98)



118 West Orange Street
Altamonte Springs, FL 32714
(407) 869-4442
Fax: (407) 774-4443

Mr. S. Caldwell
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32814

RE: St. Mary's Home, Inc. & Dennis Manabat, Inc.

Dear Sir:

With regard to above corporations I am enclosing two checks for \$150.00 each. These corporations were renewed timely at the end of April 1998, but some how slipped through the cracks, I am enclosing proof of dated check stubs.

Once again thank you for always being so helpful.

Sincerely,

Ingrid Goldberg