FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000019690 (3)

1. Corporation Name

ALTAMONTE MANOR, INC.

Principal Place of Business	Mailing Address
849 SOUTH WYMORE ROAD ALTAMONTE SPRINGS FL 32714	849 SOUTH WYMORE ROAD ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 03/09/1995
3a. Date of Last Report:

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

2a. Mailing Address
26 | 849 South Wymore Road
Suite, Apt. #, etc.
27 | 50A
City & State
28 | Altamonte Springs, FL
Zip
29 | 32714
Country
30 | Seminole

4. FEI Number: 59-3302971 [ ] 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**

ABRIOLA, ANTHONY V
5013 BERMUDA CIRCLE
ORLANDO FL 32808

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	ABRIOLA, ANTHONY V	
STREET ADDRESS	849 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DS	[ ] DELETE
NAME	ABRIOLA, VIOLET E	
STREET ADDRESS	849 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DT	[ ] DELETE
NAME	ABRIOLA, DENNIS J	
STREET ADDRESS	849 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	[ ] DELETE
NAME	ABRIOLA, RONALD V	
STREET ADDRESS	849 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	[ ] DELETE
NAME	ABRIOLA, ANTHONY D	
STREET ADDRESS	849 SOUTH WYMORE ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anthony V. Abriola — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 1996 — Date