

**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 # P95000066688 (9)

1. Corporation Name  
**THE BUTTERFLY MANOR, INC.**



Principal Place of Business: 210 82ND AVE N ST PETERSBURG FL 33702  
Mailing Address: 210 82ND AVE N ST PETERSBURG FL 33702

3. Date Incorporated or Qualified: 08/28/1995  
3a. Date of Last Report

2. Principal Place of Business: 21 660 3rd Ave South  
2a. Mailing Address: 26 660 3rd Ave South

4. FEI Number: 59-3341129  
Applied For: Not Applicable

22. City & State: 23 St Petersburg FL  
27. City & State: 28 St Petersburg FL

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

24. Zip: 25 Pinellas 29 33701 30 Pinellas

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

g. Name and Address of Current Registered Agent  
BERTHELOT, MARLENE C  
210 82ND AVE N  
ST PETERSBURG FL 33702

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: FL

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, 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: *Marlene Berthelot* DATE: 1-31-96

12. OFFICERS AND DIRECTORS

TITLE	PVSK	<input type="checkbox"/> DELETE
NAME	BERTHELOT, MARLENE C	
STREET ADDRESS	210 82ND AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERTHELOT, MARLENE	
STREET ADDRESS	210 82ND AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200001823862
4.3 STREET ADDRESS	-05/16/96--01013--007
4.4 CITY-ST-ZIP	***208.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 unchanged, or on an attachment with an address.

SIGNATURE: *Marlene Berthelot* DATE: 1-31-96

CR2E034 (12/95)

*5-1-96*  
*JR*  
*3546*