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PROFIT CORPORATION **ANNUAL REPORT** 



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

1996

**DOCUMENT #** P95000081153 (5)

| . Corporation Name |              |      |
|--------------------|--------------|------|
| MEN COMMUNITIES    | OF BEALLATEE | INIA |

| NEAL COMMUNITIES OF MANATEE, INC.  Principal Place of Business  3711 CORTEZ RD. WEST. STE. 300 BRADENTON FL 34210  BRADENTON FL 34210   |   |  |   |   |   |  |   |
|---|---|--|---|---|---|--|---|
| DANDERTO  | 11. 0210  | DRADENTON PL 342   | 10  |   | 3. Date Incorporated or Qualified 10/19/1995  | 3a. Date of I  | Last Report   |
| . Principal P   | lace of Business  | 2a. Mailing Address  |   |   | 4. FE! Number   |  | I lassing   |
| ] '   |   | 26   |   |   | 65-0618166  |  | Applied For<br>Not Applicab   |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.  |   |   | E. Codificate of Status Desired   | \$   | 8.75 Additional   |
|   |   | 27   |   |   | 5. Certificate of Status Desired  |  | Fee Required  |
| City & State  | e   | City & State   |   |   | 6. Election Campaign Financing  | _ :  | \$5.00 May Be   |
| I.<br>Zip   | Country   | Zip  | Country   |   | Trust Fund Contribution   |  | Added to Fees   |
| ]   | 25  | 29   | 30  | ,   | 8. This corporation has hability for Florida Statutes 🛣 Yes   | intangibie tax ur<br>₃ ∏No   | nders 199.032,  |
|   | 9. Name and Address of Curre  | ent Registered Agent   |   |   | 10. Name and Address of New I   |  | nt  |
|   |   |  | 81  | Name  |   |  |   |
|   | MER, THOMASINE  |  | 62  | Street A  | ddress (P.O. Box Number is Not Acceptal   | ole)   |   |
|   | ORTEZ RD. WEST, STE. 300  |  |   |   | ,   |  |   |
| RHADEI  | NTON FL 34210   |  | 83  |   |   |  |   |
|   |   |  | 84  | City  |   | 8  | 5 Zip Code  |
| 1. Pursuant i   | to the provisions of Sections 607.050   | 02 and 607 1508 Florida Statu  | rtes the above-   | named cor   | poration submits this statement for the pu  | FL °   | a idea a sainte a sainte  |
|   |   |  |   |   |   | rpose of changin   | ig its registered onk   |
|   |   |  |   | oration's b   | oard of directors. I hereby accept the app  | ointment as régi   | stered agent. I am  |
| familiar wi   | th, and accept the obligations of, Sec  |  |   | oration's b   | oard of directors. I hereby accept the app  | ointment as régi   | stered agent. I am  |
| familiar wi   | th, and accept the obligations of, Sec  | ction 607.0505, Florida Statute  | ized by the corp<br>es.   | xoration s b  | oard of directors. I hereby accept the appured when reinstating)  | DATE   | stered agent. I am  |
| familiar wi   | th, and accept the obligations of, Sec<br>Sgnature, typed or printed name of registered again   | otion 607.0505, Florida Statute of and the #ajalicable.  | ized by the corp<br>es.   | xoration s b  | oard of directors. Fhereby accept the app   | DATE   |   |
| familiar wi   | Sgnature, typed or printed name of registered age  OFFICERS AT  | of and the Many licable.   | IZEC BY THE CORP<br>PS.<br>IOTE Registered Agen   | xoration s b  | oard of directors. Finereby accept the app  | DATE   | ECTORS IN 12  |
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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: Signature and typed or printed name of signing officer or director