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May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000085484 (0)

1. Corporation Name

SHADY OAKS OF CURLEW, INC.



Principal Place of Business

595 MAIN STREET  
DUNEDIN FL 34698

Mailing Address

595 MAIN STREET  
DUNEDIN FL 34698-4998

3. Date Incorporated or Qualified  
11/03/1995

3a. Date of Last Report  
08/22/1996

2. Principal Place of Business

21 18841

2a. Mailing Address

26 95 Deerpath Drive

4. FEI Number  
59-3345476

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 Curlew Rd.

Suite, Apt. #, etc.

27 Oldsmar

City & State

23 Palm Harbor FL

City & State

28 FL 34677

Zip

24 34687

Country

25 Pinellas

Zip

29

Country

30 Pinellas

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

BRANDT, MARK W  
595 MAIN STREET  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 95 Deerpath Drive

84

85 City Oldsmar FL 34677

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

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME GOODMAN, LESLIE A

STREET ADDRESS 95 DEERPATH DR

CITY - ST - ZIP OLDSMAR FL 34677

TITLE ST DELETE

NAME PARELLO, JOHN J

STREET ADDRESS 3101 PINE FORREST DR

CITY - ST - ZIP PALM HARBOR FL 34684

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 Change 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 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:

SIGNATURE REQUIRED

4/29/97

(12) 789 6867

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)