

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # P95000090861 (2)
 1. Corporation Name

DIVERSIFIED ASSISTED LIVING SYSTEMS, INC.



Principal Place of Business: **460 ORIENTA POINT ALTAMONTE SPRINGS FL 32701**
 Mailing Address: **460 ORIENTA POINT ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified: **11/29/1995** 3a. Date of Last Report: **1**
 4. FEI Number: **HAVE NOT RECEIVED IT** Applied For / Not Applicable
 5. Certificate of Status Desired: **N/A** **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **N/A** **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt #, etc.: **22** **NO CHANGE** City & State: **23** Zip: **24** Country: **25**
 2a. Mailing Address: **26** Suite, Apt #, etc.: **27** **N/A** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
FILINGS, INC.
3732 NW 18TH ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
81 Name: **82** Street Address (P.O. Box Number is Not Acceptable): **N/A**
83 City: **84** **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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, RAYMOND A	
STREET ADDRESS	460 ORIENTA POINT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME	N/A	
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	N/A
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 in 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I am attaching _____ as an attachment with an address.

SIGNATURE: **R.A. Burns** **R.A. Burns** **407 331 7226**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **6/4/96**

CR2E034 (3/96)