

**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. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096917 (6)

1. Corporation Name

HRA MEADOWS, INC.



Principal Place of Business		Mailing Address		
1177 KANE CONCOURSE BAY HARBOR FL 33154		1177 KANE CONCOURSE BAY HARBOR FL 33154		
2. Principal Place of Business		2a. Mailing Address		
21	26	Suite, Apt. #, etc		
Suite, Apt. #, etc		27	City & State	
22		28	City & State	
City & State		29	Zip	Country
23	25	30	Zip	Country
9. Name and Address of Current Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
84	City			
85	Zip Code			

3. Date Incorporated or Qualified 12/22/1995	3a. Date of Last Report
4. FEI Number 65-0640344	Applies 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>

10. Name and Address of New Registered Agent

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 signing officer and title if applicable. (Note: Registered Agent signature is required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	DELETE	11 TITLE	12 NAME	13 STREET ADDRESS
NAME	Leonard W. Cotton	<input type="checkbox"/>	14 CITY-ST-ZIP		14 CITY-ST-ZIP
STREET ADDRESS	181 W. Hills Rd.				
CITY-ST-ZIP	New Canaan, Ct. 06810				
TITLE	Vice President	DELETE	21 TITLE	22 NAME	23 STREET ADDRESS
NAME	Card Mackinon	<input type="checkbox"/>	24 CITY-ST-ZIP		24 CITY-ST-ZIP
STREET ADDRESS	1177 Kane Concourse				
CITY-ST-ZIP	Bay Harbor, Fl. 33154				
TITLE	Vice - President	DELETE	31 TITLE	32 NAME	33 STREET ADDRESS
NAME	Robert Dorfman	<input type="checkbox"/>	34 CITY-ST-ZIP		34 CITY-ST-ZIP
STREET ADDRESS	1177 Kane Concourse				
CITY-ST-ZIP	Bay Harbor, Fl. 33154				
TITLE		DELETE	41 TITLE	42 NAME	43 STREET ADDRESS
NAME		<input type="checkbox"/>	44 CITY-ST-ZIP		44 CITY-ST-ZIP
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETE	51 TITLE	52 NAME	53 STREET ADDRESS
NAME		<input type="checkbox"/>	54 CITY-ST-ZIP		54 CITY-ST-ZIP
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		DELETE	61 TITLE	62 NAME	63 STREET ADDRESS
NAME		<input type="checkbox"/>	64 CITY-ST-ZIP		64 CITY-ST-ZIP
STREET ADDRESS					
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Dorfman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96 305-865-8011

Division of Corporations

CR2E034 (3/96)