

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000068638 (1)**

1. Corporation Name
MONTE VISTA ORLANDO, INC.

Principal Place of Business
**C/O SENTINEL REAL ESTATE CORPORATION
666 FIFTH AVENUE
NEW YORK NY 10103**

Mailing Address
**C/O SENTINEL REAL ESTATE CORPORATION
666 FIFTH AVENUE
NEW YORK NY 10103-0001**



3. Date Incorporated or Qualified **08/16/1996** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3397353	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	D/P John H. Streicker
STREET ADDRESS		1.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP		1.4 CITY - ST - ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D/VP Millie C. Cassidy
STREET ADDRESS		2.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP		2.4 CITY - ST - ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D David Weiner
STREET ADDRESS		3.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP		3.4 CITY - ST - ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP Noel Belli
STREET ADDRESS		4.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP		4.4 CITY - ST - ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	T Elizabeth Longo
STREET ADDRESS		5.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP		5.4 CITY - ST - ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S Susan T. Werman
STREET ADDRESS		6.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP		6.4 CITY - ST - ZIP	New York, NY 10103

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.

CR2E034 (9/96)