

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. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Jun 12 1996 8:00 am
 Secretary of State

6-12-96 P- 6812 -c

DOCUMENT # **S24492**

(8)

MEADOWBROOK TERRACE OF HOLLYWOOD, INC.



Principal Place of Business: 6000 MEADOWBROOK MALL, SUITE 8 CLEMMONS NC 27012
 Mailing Address: 6000 MEADOWBROOK MALL, SUITE 8 CLEMMONS NC 27012

3. Date Incorporated or Qualified: 01/14/1991
 3a. Date of Last Report: 08/07/1995
 4. FEI Number: 56-1746274
 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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE ONE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: 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: _____ (Type, print, and print full name of registered agent and then applicable (b)(6) Registered Agent signature required elsewhere.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELL, DON G	2. NAME	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	3. STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS NC 27012	4. CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELL, D. GRAY JR.	2.2 NAME	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 8	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS NC 27012	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, VIRGINIA	3.2 NAME	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 8	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS NC 27012	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELOTTI, VALERIE	4.2 NAME	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS NC 27012	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORE, VERNA	5.2 NAME	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMMONS NC 27012	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 1 or Block 13 if changed, or in an attachment with an address _____

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: VIRGINIA W (JAN) WHITTLE, VP
 6/17/96 910-766-1778

CR2E034 (3/96)