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FILED
Apr 21 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 # S24492 (8)
1. Corporation Name
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: 06/12/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 56-1746274
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE ONE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: 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	VD	<input type="checkbox"/> DELETE
NAME	ANGELL, DON G	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	
CITY-ST-ZIP	CLEMMONS NC 27012	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANGELL, D. GRAY JR.	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 8	
CITY-ST-ZIP	CLEMMONS NC 27012	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITTLE, VIRGINIA	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 8	
CITY-ST-ZIP	CLEMMONS NC 27012	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MICHELOTTI, VALERIE	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	
CITY-ST-ZIP	CLEMMONS NC 27012	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHORE, VERNA	
STREET ADDRESS	6000 MEADOWBROOK MALL, SUITE 27	
CITY-ST-ZIP	CLEMMONS NC 27012	
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	
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 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]* 04/15/97 910-766-1778

CR2E034 (9/96)