

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V50488 (8)
 1. Corporation Name
SPRING HAVEN II, INC.

Principal Place of Business 100 SECOND AVE S SUITE 800 ST PETERSBURG FL 33701	Mailing Address 100 SECOND AVE S SUITE 800 ST PETERSBURG FL 33701
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/13/1992	3a. Date of Last Report 03/15/1994
4. FEI Number 59-3132971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent

**COHRS, DENIS A
800 SECOND AVE S
SUITE 380
ST PETERSBURG FL 33701**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	HOUGH, WILLIAM R 100 SECOND AVE S STE 800 ST PETERSBURG FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	HOUGH, JR. W 100 2ND AVE S, STE. 800 ST PETE FL 33701	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VST	YOUSMANS, CHRISTOPHER 100 2ND AVE S, STE. 800 ST PETE FL 33701	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	FEINBERG, HELEN H 100 2ND AVE S, STE. 800 ST PETE FL 33701	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 110.07(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 and powers 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: *William R. Hough* **2/6/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)