

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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**

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

3. Date Incorporated or Qualified 07/13/1992	3a. Date of Last Report 03/01/1995
4. FEI Number 59-3132971	Applied For 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	

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: **Christopher S. Youmans**
82 Street Address (P.O. Box Number is Not Acceptable): **100 2nd Avenue South, Suite 800**
83
84 City: **St. Petersburg** FL 85 Zip Code: **33701**

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, WILLIAM R	1.2 NAME	
STREET ADDRESS	100 SECOND AVE S STE 800	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, JR. W	2.2 NAME	
STREET ADDRESS	100 2ND AVE S, STE. 800	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETE FL 33701	2.4 CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	DP Asst. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUMANS, CHRISTOPHER	3.2 NAME	
STREET ADDRESS	100 2ND AVE S, STE. 800	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETE FL 33701	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, HELEN H	4.2 NAME	
STREET ADDRESS	100 2ND AVE S, STE. 800	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETE FL 33701	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Susan Lamar Hough
STREET ADDRESS		5.3 STREET ADDRESS	100 2nd Avenue South, Suite 800
CITY - ST - ZIP		5.4 CITY - ST - ZIP	St. Petersburg, FL 33701
TITLE	<input type="checkbox"/> DELETE	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: *Chris S. Youmans* **Chris S. Youmans** **3/20/96** **813 895 8851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)