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Feb 03, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-03-1999 90008 023 \*\*\*\*150.00

DOCUMENT # V50488

1. Corporation Name  
SPRING HAVEN II, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified: 07/13/1992  
4. FEI Number: 59-3132971 Applied For: Not Applicable  
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 owes the current year Intangible Personal Property Tax: 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  
YOUMANS, CHRISTOPHER S.  
100 2ND AVE S, STE 800  
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 City: 84 Zip Code: FL 85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	LAMAR-HOUGH, SUSAN	1.1 TITLE:	
STREET ADDRESS: 100 2ND AVE SOUTH, STE 800	ST PETERSBURG FL	1.2 NAME:	
CITY-ST-ZIP:		1.3 STREET ADDRESS:	
TITLE: DVT	HOUGH, JR. W	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 100 2ND AVE S, STE. 800	ST PETE FL	2.1 TITLE:	
CITY-ST-ZIP:		2.2 NAME:	
TITLE: DPS	YOUMANS, CHRISTOPHER	2.3 STREET ADDRESS:	
STREET ADDRESS: 100 2ND AVE S, STE. 800	ST PETE FL	2.4 CITY-ST-ZIP:	
CITY-ST-ZIP:		3.1 TITLE:	
TITLE: DS	FEINBERG, HELEN H	3.2 NAME:	
STREET ADDRESS: 100 2ND AVE S, STE. 800	ST PETE FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DATE: 1/8/99 DAYTIME PHONE #: 727 895 8851

CR2E034 (11/98)