


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90058 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836791
 1. Corporation Name
KELLY ASSISTED LIVING SERVICES, INC.

Principal Place of Business 999 W BIG BEAVER TROY MI 48064	Mailing Address 999 W BIG BEAVER TROY MI 48064
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified 08/03/1976	4. FEI Number 38-2110841	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPF	<input type="checkbox"/> DELETE
NAME	WIDGREN, RICHARD R	
STREET ADDRESS	23253 ROBERT JOHN	
CITY-ST-ZIP	ST CLAIR SHORES MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADDERLEY, TERENCE E	
STREET ADDRESS	362 LONE PINE COURT	
CITY-ST-ZIP	BLOOMFIELD HILL, MI 00000	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	HARTWIG, EUGENE L	
STREET ADDRESS	1320 COVINGTON ROAD	
CITY-ST-ZIP	BIRMINGHAM MI	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, CHARLES M	
STREET ADDRESS	1305 GREENLEAF	
CITY-ST-ZIP	ROYAL OAK MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SVP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George M. Reardon	
1.3 STREET ADDRESS	2474 JOHN R #101	
1.4 CITY-ST-ZIP	Troy, MI 48083	
2.1 TITLE	SVP, F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM K. Scarbee	
2.3 STREET ADDRESS	519 HARMON AVE.	
2.4 CITY-ST-ZIP	BIRMINGHAM, MI 48009	
3.1 TITLE	JE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GREGORY C. MORROW	
3.3 STREET ADDRESS	4612 MILL POND	
3.4 CITY-ST-ZIP	TROY, MI 48098	
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 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] SIGNATURE REQUIRED V.P. President Finance 04/09/99 (248) 244-4377
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (1/198)