

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 11:08

DOCUMENT # F93000000387 (1)

1. Corporation Name

LANCIA NURSING HOMES, INC.

Principal Place of Business

Mailing Address

575 LOVERS LANE
 STEUBENVILLE OH 43952

575 LOVERS LANE
 STEUBENVILLE OH 43952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 06/16/1994
4. Fed Number 34-1192008	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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**LANCIA, JOSEPH
 5527 ASHPON CT.
 BOCA RATON FL 33468-8683**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and the date of application

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD
NAME	LANCIA, GUIRINO
STREET ADDRESS	557 LOVERS LANE, APT. 1
CITY - ST - ZIP	STEUBENVILLE OH 43952
TITLE	VCVD
NAME	LANCIA, CATHERINE
STREET ADDRESS	557 LOVERS LANE, APT. 1
CITY - ST - ZIP	STEUBENVILLE OH 43952
TITLE	SD
NAME	LANCIA, JOSEPH A
STREET ADDRESS	145 HIDDENWOOD DR.
CITY - ST - ZIP	STEUBENVILLE OH 43952
TITLE	TD
NAME	BOLGER, JAMES J
STREET ADDRESS	149 HIDDENWOOD DR.
CITY - ST - ZIP	STEUBENVILLE OH 43952
TITLE	D
NAME	LANCIA, LINDA
STREET ADDRESS	145 HIDDENWOOD DR.
CITY - ST - ZIP	STEUBENVILLE OH 43952
TITLE	D
NAME	BOLGER, RENA
STREET ADDRESS	149 HIDDENWOOD DR.
CITY - ST - ZIP	STEUBENVILLE OH 43952

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	Deceased
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President/Secretary
3.3 STREET ADDRESS	Joseph A Lancia
3.4 CITY - ST - ZIP	145 N. Hiddenwood Steubenville, Oh 43952
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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

James J. Bolger **James J. Bolger** 6/10/95 604 266 6118

CR2E034 (3/85)

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PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 JUN 17 1995

DOCUMENT # F93000000494 (5)

1. Corporation Name
SEATTLE SECURITY PROPERTIES INC.

Principal Place of Business Mailing Address
1601 5TH AVENUE #1900 SEATTLE WA 98101

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1201 3rd Ave.		26 1201 3rd Ave.		02/04/1993	05/01/1994
22 Suite, Apt. #, etc. Suite #5400		27 Suite, Apt. #, etc. Suite #5400		4. FEI Number	Applied For
23 City & State Seattle, WA		28 City & State Seattle, WA		91-1266120	Not Applicable
24 Zip 98101		29 Zip 98101		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country W.A.		30 Country U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 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 _____ DATE _____
Signature: Typed or printed name of registered agent and the filer if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFLEGER, PAUL H	12 NAME	(same)
STREET ADDRESS	1601 5TH AVENUE, SUITE 1900	13 STREET ADDRESS	1201 3rd Ave, Suite #5400
CITY - ST - ZIP	SEATTLE-WA 98101	14 CITY - ST - ZIP	Seattle, WA 98101
TITLE	P	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGE, CARLA	22 NAME	Thomas C. Curran
STREET ADDRESS	1601 5TH AVE STE 1900	23 STREET ADDRESS	1201 3rd Ave Suite #5400
CITY - ST - ZIP	SEATTLE-WA	24 CITY - ST - ZIP	Seattle, WA 98101
TITLE	V	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREHEK, JOHN M	32 NAME	
STREET ADDRESS	1601 5TH AVENUE, SUITE 1900	33 STREET ADDRESS	1201 3rd Ave #5400
CITY - ST - ZIP	SEATTLE WA 98101	34 CITY - ST - ZIP	Seattle, WA 98101
TITLE	S	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULBRIGHT, MICHAEL G.	42 NAME	
STREET ADDRESS	1801 5 AVE STE 1900	43 STREET ADDRESS	1201 3rd Ave #5400
CITY - ST - ZIP	SEATTLE WA	44 CITY - ST - ZIP	Seattle, WA 98101
TITLE	AS	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRANDY A	52 NAME	
STREET ADDRESS	1601 5TH AVENUE, SUITE 1900	53 STREET ADDRESS	1201 3rd Ave #5400
CITY - ST - ZIP	SEATTLE WA 98101	54 CITY - ST - ZIP	Seattle, WA 98101
TITLE	T	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADON, CHRISTOPHER J	62 NAME	VACANT POSITION
STREET ADDRESS	1601 5TH AVENUE, SUITE 1900	63 STREET ADDRESS	
CITY - ST - ZIP	SEATTLE WA 98101	64 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 Brandy A. Wilson **BRANDY A. WILSON** 6/13/95 (206) 628-8013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Printed

CR22034 (3/95)