

**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
Gandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 11:08

DOCUMENT # F94000006602 (6)

1. Corporation Name
ASSISTED LIVING OF AMERICA, INC.

Principal Place of Business
2001 WESTERN AVE. SUITE 660 SEATTLE WA 98121

Mailing Address
2001 WESTERN AVE. SUITE 660 SEATTLE WA 98121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/27/1994	3a. Date of Last Report
4. FEI Number 91-1605464	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2003 Western Ave.	2a. Mailing Address 26 2003 Western Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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)	FL
83	
84 City	

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BATY, DANIEL R	1.1 TITLE Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME Baty, Daniel R	
STREET ADDRESS 2001 WESTERN AVE.		1.3 STREET ADDRESS 2003 Western Ave. #660	
CITY, ST, ZIP SEATTLE WA 98121		1.4 CITY, ST, ZIP Seattle, WA 98121	
TITLE VTD	BRANDSTROM, RAYMOND R	2.1 TITLE President, Treasurer, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME Brandstrom, Raymond R.	
STREET ADDRESS 2001 WESTERN AVE.		2.3 STREET ADDRESS 2003 Western Ave. #660	
CITY, ST, ZIP SEATTLE WA 98121		2.4 CITY, ST, ZIP Seattle, WA 98121	
TITLE S	ALLEN, ROSA	3.1 TITLE Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME R Allen, Rosa	
STREET ADDRESS 2001 WESTERN AVE.		3.3 STREET ADDRESS 2003 Western Ave. #660	
CITY, ST, ZIP SEATTLE WA 98121		3.4 CITY, ST, ZIP Seattle WA 98121	
TITLE		4.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Frank A. Kuffo	
STREET ADDRESS		4.3 STREET ADDRESS 2003 Western Ave #660	
CITY, ST, ZIP		4.4 CITY, ST, ZIP Seattle, WA 98121	
TITLE		5.1 TITLE Vice President of Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Barbee Patricia P.	
STREET ADDRESS		5.3 STREET ADDRESS 2003 Western Ave. #660	
CITY, ST, ZIP		5.4 CITY, ST, ZIP Seattle, WA 98121	
TITLE		6.1 TITLE Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Fukuda, Jean T.	
STREET ADDRESS		6.3 STREET ADDRESS 2003 Western Ave. #660	
CITY, ST, ZIP		6.4 CITY, ST, ZIP Seattle, WA 98121	

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 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: Raymond R. Brandstrom Date: June 14, 1995 (206) 443-4313
Signature and typed or printed name of signing officer or director

CR2E034 (3/95)