


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

FILED
Apr 30 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F96000004357 (7)
 1. Corporation Name
HCC ASSISTED LIVING GROUP II, INC.



| | |
|---|---|
| Principal Place of Business P OBOX 30100 SHREVEPORT LA 71130-0100 | Mailing Address P OBOX 30100 SHREVEPORT LA 71130-0100 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/26/1996 | |
| 21 | | 26 | | 4. FEI Number 72-1279569 | Applied For Not Applicable |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|---------------------------|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|----------------------------|--|---|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREER, RICHARD | | 1.2 NAME | Michael S. Brown | |
| STREET ADDRESS | 6007 FINANCIAL PLAZA, #301 | | 1.3 STREET ADDRESS | 2 Ravinia Dr., Suite 1350 | |
| CITY-ST-ZIP | SHREVEPORT LA 71129 | | 1.4 CITY-ST-ZIP | Atlanta, GA 30346 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NIDA, D W | | 2.2 NAME | | |
| STREET ADDRESS | 6007 FINANCIAL PLAZA, #301 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SHREVEPORT LA 71129 | | 2.4 CITY-ST-ZIP | | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOREHEAD, WAYNE S | | 3.2 NAME | | |
| STREET ADDRESS | 6007 FINANCIAL PLAZA, #301 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SHREVEPORT LA 71129 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREEN, PAUL A | | 4.2 NAME | | |
| STREET ADDRESS | 6007 FINANCIAL PLAZA, #301 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SHREVEPORT LA 71129 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINSON, MATTHEW S | | 5.2 NAME | | |
| STREET ADDRESS | 6007 FINANCIAL PLAZA, #301 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SHREVEPORT LA 71129 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input checked="" 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 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 address _____

SIGNATURE: *Michael S. Brown* 4-29-98 770/399-9355

CR2E034 (10/97)