

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F97000000512

1. Corporation Name  
ARVIM, INC.

Principal Place of Business  
245 FISCHER AVENUE, D-1  
COSTA MESA CA 92626

Mailing Address  
245 FISCHER AVENUE, D-1  
COSTA MESA CA 92626

FILED

99 OCT 20 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1997

4. FEI Number

33-0737530

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.

☐ Yes

☐ 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

28 Zip

Country

9. Name and Address of Current Registered Agent

JAMES L RITCHEY, ESO  
200 S ORANGE AVE  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE

NAME  
WHEELER-MEDLEY BERNARD  
STREET ADDRESS  
245 FISCHER AVENUE, D-1  
CITY-ST-ZIP  
COSTA MESA CA 92626

TITLE CFOT ☒ DELETE

NAME  
GRAHAM ESLEY-JONES  
STREET ADDRESS  
245 FISCHER AVENUE, D-1  
CITY-ST-ZIP  
COSTA MESA CA 92626

TITLE VD ☒ DELETE

NAME  
DAVIDSON, ERICK  
STREET ADDRESS  
245 FISCHER AVENUE, D-1  
CITY-ST-ZIP  
COSTA MESA CA 92626

TITLE PCEO ☒ DELETE

NAME  
MULDOON, SHEILA M  
STREET ADDRESS  
245 FISCHER AVENUE, D-1  
CITY-ST-ZIP  
COSTA MESA CA 92626

TITLE VAS ☒ DELETE

NAME  
DONOVAN, PATRICK M  
STREET ADDRESS  
245 FISCHER AVENUE, D-1  
CITY-ST-ZIP  
COSTA MESA CA 92626

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CFO ☐ Change ☒ Addition

1.2 NAME  
Abdo Khoury  
1.3 STREET ADDRESS  
245 Fischer Ave.  
1.4 CITY-ST-ZIP  
Costa Mesa, CA 92626

2.1 TITLE CEO/Chairman ☐ Change ☒ Addition

2.2 NAME  
Doug Pasquale  
2.3 STREET ADDRESS  
245 Fishcer Ave.  
2.4 CITY-ST-ZIP  
Costa Mesa, CA 92626

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
700003032117-1  
-11/02/99--01044--004  
\*\*\*\*150.00 \*\*\*\*150.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0121011

CR2E034 (5/99)

*P*



October 4, 1999

Florida Division of Corporation  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

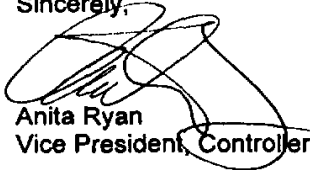
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RE: ARVIM, Inc.

Dear Sir or Madam:

Please find enclosed the requested annual report. As you can see we have had an extensive change in management of this corporation and this form was inadvertently not filed in a timely manner. In addition, this corporation is only a holding corporation and is wholly owned by ARV Assisted Living, Inc. which also files annual reports. We are not certain that we need to complete the annual report. However, we have completed the form to accompany the check. Please let us know if you feel we need to file. Thank you, for your immediate attention to this matter.

Sincerely,

  
Anita Ryan  
Vice President, Controller