

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002374 (3)
 1. Corporation Name
AMERICAN RETIREMENT CORPORATION



Principal Place of Business 111 WESTWOOD PLACE #402 BRENTWOOD TN 37027	Mailing Address 111 WESTWOOD PLACE #402 BRENTWOOD TN 37027
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 62-1674303	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SHERIFF, W E	
STREET ADDRESS	111 WESTWOOD PLACE, #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KAESTNER, H T	
STREET ADDRESS	111 WESTWOOD PLACE, #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MONEY, JAMES T	
STREET ADDRESS	111 WESTWOOD PLACE, #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HICKS, GEORGE T	
STREET ADDRESS	111 WESTWOOD PLACE, #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DOWNES, TOM	
STREET ADDRESS	111 WESTWOOD PLACE, #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCKNIGHT, LEE	
STREET ADDRESS	111 WESTWOOD PLACE, #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	EVP - CORP DEVELOPMENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	EVP - DEVELOPMENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	EVP - Finance, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SR. VP - OPERATIONS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	SR. VP - MARKETING <input checked="" 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 the attachment with an address.

SIGNATURE _____ DATE **5-20-98** **615 221** **22:50**

CR2E034 (10/97)