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FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90093 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P93000036959**

1. Corporation Name
TWIN MANORS OF FORT LAUDERDALE, INC.



Principal Place of Business
 6331 N.W. 11 ST APT 16
 SUNRISE FL 33313
 US

Mailing Address
~~1829 TIGERTAIL AVE~~
~~MIAMI FL 33133~~
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
05/24/1993

21 Suite, Apt. #, etc.

26 **c/o David W. Langley**
 Suite, Apt. #, etc.

4. FEI Number
65-0419219

Applied For
 Not Applicable

22 City & State

27 **1 E. Broward Blvd. #700**
 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip

Country

28 **Ft. Lauderdale, FL**
 City & State

29 **33301**
 Zip

30 **USA**
 Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 25

29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUSTON, J. BRETT
1929 TIGERTAIL AVENUE
MIAMI FL 33133

81 Name
David W. Langley
 82 Street Address (P.O. Box Number is Not Acceptable)
1 E. Broward Blvd., #700
 83
 84 City
Ft. Lauderdale **FL** 85 Zip Code
33301

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

[Handwritten Signature]

4/28/99

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE
 NAME **HOUSTON, EDWARD**
 STREET ADDRESS **100 NE THIRD AVE #850**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301-1148**

1.1 TITLE Change Addition
 Director/Secretary/
 Treasurer
 1.2 NAME **Patricia B. Phipps**
 1.3 STREET ADDRESS **1323 S.E. 3rd Avenue**
 1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE **PD** DELETE
 NAME **HOUSTON, J. BRETT**
 STREET ADDRESS **1829 TIGERTAIL AVENUE**
 CITY-ST-ZIP **MIAMI FL**

2.1 TITLE Change Addition
 President
 2.2 NAME **Jack R. Loving**
 2.3 STREET ADDRESS **1323 S.E. 3rd Avenue**
 2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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, with another like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack R. Loving **4/28/99** **954-764-1005**

Date

Daytime Phone #

CR2E034 (1/198)