FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principa' Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600057010 (6)

GRACE MANOR RETIREMENT, INC.

321 E. HARVARD STREET 321 E. HARVARD STREET ORLANDO FL 32804 ORLANDO FL 32804-5526 3. Date Incorporated or Qualified 3a. Date of Last Report 07/03/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-339572 21 26 Not Applicable Suite, ApI #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country $Z_{\rm ID}$ Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes Yes □ No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALI, HAFEEZ R 321 E. HARVARD STREET 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 City Zip Code 85 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 hypina or printed halpe of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 1.1 TITLE ☐ Change Addition NAME ALI, HAFEEZ R 1.2 NAME 321 E. HARVARD STREET STREET ADDRESS 13 STREET ADDRESS ORLANDO FL 32804 CITY - ST - ZIP 14 CITY-ST-ZIP DELETE TITLE DVS 21 TITLE Change Addition ALI, THERESA MOLLY NAME 22 NAME STREET ADDRESS 321 E. HARVARD STREET 23 STREET ADDRESS ORLANDO FL 32804 CITY - ST - ZIP 2 4 CITY - ST- ZIP TOLE DELETE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change TITLE 41 TITLE Addition NAME 4.2 NAME

14. I do 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 suppliemental 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.

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CiTY-ST-ZIP

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY: ST- 7/P

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

THILE

NAME

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

DELETE

Daytime Phone #

Date

☐ Change

Change

■ Addition

Addition

FILED

Jan 24 1997 8:00am

Secretary of State