

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murthen
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S91911** (5)

NORTH PORT RETIREMENT CENTER, INC.

Principal Name of Business: **25178 MERCEDES DRIVE PORT CHARLOTTE FL 33983**
Mailing Address: **25178 MERCEDES DRIVE PORT CHARLOTTE FL 33983**

2. Principal Name of Business: **25178 MERCEDES DRIVE PORT CHARLOTTE FL 33983**
2a. Mailing Address: **25178 MERCEDES DRIVE PORT CHARLOTTE FL 33983**
22. State Apt #, etc: **FL**
27. State Apt #, etc: **FL**
23. City & State: **PORT CHARLOTTE FL**
26. City & State: **PORT CHARLOTTE FL**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Created: **11/04/1991**
3a. Date of Last Report: **04/04/1994**
4. FEI Number: **65-0292534**
Applied For: 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**
6. This corporation has liability for intangible tax under § 195.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BUTT, ZIA U 25178 MERCEDES DRIVE PORT CHARLOTTE FL 33983**
10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Accepted):
83. City:
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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	BUTT, ZIA	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	25178 MERCEDES DR.	1. NAME:	
STREET ADDRESS:	PORT CHARLOTTE FL	1. STREET ADDRESS:	
CITY, ST, ZIP:		1. CITY, ST, ZIP:	
TITLE: S	BUTT, MUNIR	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	25178 MERCEDES DR.	2. NAME:	
STREET ADDRESS:	PORT CHARLOTTE FL	2. STREET ADDRESS:	
CITY, ST, ZIP:		2. CITY, ST, ZIP:	
TITLE:		TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3. NAME:	
STREET ADDRESS:		3. STREET ADDRESS:	
CITY, ST, ZIP:		3. CITY, ST, ZIP:	
TITLE:		TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4. NAME:	
STREET ADDRESS:		4. STREET ADDRESS:	
CITY, ST, ZIP:		4. CITY, ST, ZIP:	
TITLE:		TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5. NAME:	
STREET ADDRESS:		5. STREET ADDRESS:	
CITY, ST, ZIP:		5. CITY, ST, ZIP:	
TITLE:		TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6. NAME:	
STREET ADDRESS:		6. STREET ADDRESS:	
CITY, ST, ZIP:		6. CITY, ST, ZIP:	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in New Year 1994 (aka) Florida Statutes. I further certify that the information included 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 on Block 1, or Block 1a if changed, or on an addendum with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR OR BILLGTON

APPROVED
\$5111-1-11-9:26
RECEIVED
FALL WASH STATE
FLORIDA

4/28/95 813.426 9175