

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **J33017** (1)

1. Corporation Name

**ALBANY AVENUE ADULT CONGREGATE LIVING FACILITY,
INC.**

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**211 N ALBANY AVE
TAMPA FL 33606**

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TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1986

3a. Date of Last Report
04/20/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

County

County

24

29

County

30

4. FEI Number
59-2537243

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 has liability for changing tax under S 199-032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MANESCALA, PETER DAVID
1920 W NORTH 'B' STREET
TAMPA FL 33606**

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 607.01(3) and 607.1504, 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 Sections 607.0504, Florida Statutes.

SIGNATURE

Signature of Registered Agent (must be signed by the agent)

Signature of Registered Agent (must be signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MANESCALA, PETER DAVID
STREET ADDRESS	1920 W. NORTH B STREET
CITY, ST., ZIP	TAMPA FL
TITLE	VT
NAME	MANESCALA, JACKIE LUE
STREET ADDRESS	1920 W. NORTH B STREET
CITY, ST., ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

14. I, Jackie Montem, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information submitted 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 person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on the filing or filing label changed, or on an attachment with an address.

SIGNATURE:

Jackie Manescala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jackie Manescala 4/29/95 253-0034