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95 MAY -1 AM 9:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 558340 (6)

1. Corporation Name

F.L.C. COLLEGE PARK CONGREGATE LIVING, INC.

Principal Place of Business
**10065 RED RUN BLVD
OWINGS MILLS MD 21117
US**

Mailing Address
**10065 RED RUN BLVD
OWINGS MILLS MD 21117
US**

100001484821

-05/12/95--01004--001

*****6200.00 ****200.00**
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/27/1978** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-1866746** 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 intangible tax under §. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORP SYSTEM
1200 PINE ISL RD
PLANTATION FL 33324**

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 607.0502 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, typed or printed name of registrant agent and the filer applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	ELKINS, ROBERT N
STREET ADDRESS	10065 RED RUN BLVD
CITY - ST - ZIP	OWINGS MILLS MD
TITLE	PO
NAME	CIRKA, LAWRENCE P
STREET ADDRESS	10065 RED RUN BLVD
CITY - ST - ZIP	OWINGS MILLS MD
TITLE	V
NAME	CAHILL, DENNIS A
STREET ADDRESS	10065 RED RUN BLVD
CITY - ST - ZIP	OWINGS MILLS MD
TITLE	SD
NAME	LEVIN, MARC B
STREET ADDRESS	10065 RED RUN BLVD
CITY - ST - ZIP	OWINGS MILLS MD
TITLE	VO
NAME	ELKINS, MARSHALL A
STREET ADDRESS	10065 RED RUN BLVD
CITY - ST - ZIP	OWINGS MILLS MD
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Pickett Taylor
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PO
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

*5/1/95
WST*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Taylor Pickett* **Taylor Pickett** *1/20/95* **(410) 998-8745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Typed Name)