


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **836791** (4)

1. Corporation Name
KELLY ASSISTED LIVING SERVICES, INC.

Principal Place of Business

**999 W BIG BEAVER
TROY MI 48064**

Mailing Address

**999 W BIG BEAVER
TROY MI 48064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1976

4. FEI Number

38-2110841

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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
85 Zip Code

FL

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDGREN, RICHARD R	1.2 NAME	
STREET ADDRESS	23253 ROBERT JOHN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLAIR SHORES MI	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDERLEY, TERENCE E	2.2 NAME	
STREET ADDRESS	362 LONE PINE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILL, MI 00000	2.4 CITY-ST-ZIP	
TITLE	SVPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTWIG, EUGENE L	3.2 NAME	
STREET ADDRESS	1320 COVINGTON ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI	3.4 CITY-ST-ZIP	
TITLE	VPAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, CHARLES M	4.2 NAME	
STREET ADDRESS	1305 GREENLEAF	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL OAK MI	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRANCO, ROBERT G	5.2 NAME	
STREET ADDRESS	320 N CRANBROOK	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

R Widgren

Vice President, Finance

4/8/98

(248) 244-4277

CR2E034 (10/97)