

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **854418**

I. Corporation Name

SUBURBAN NURSING & MOBILE HOMES, INC.

Principal Place of Business

5710 WOOSTER PIKE
SUITE 122
CINCINNATI OH 45227
JS

Mailing Address

5710 WOOSTER PIKE
SUITE 122
CINCINNATI OH 45227
US

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90029 038 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1982

4. FEI Number

31-0742794

Applied For

Not Applicable

Principal Place of Business

5710 WOOSTER PIKE

2a. Mailing Address

26 5710 WOOSTER PIKE

Suite, Apt. #, etc.

SUITE 122

Suite, Apt. #, etc.

27 SUITE 122

City & State

CINCINNATI, OHIO

City & State

28 CINCINNATI, OHIO

Zip

45227

Country

25 USA

Zip

29 45227

Country

30 USA

9. Name and Address of Current Registered Agent

KELLER, BONNIE J
2850 NEW TAMPA HWY
LAKELAND FL 33801

81 Name

82 Street

83

84 City

First Notice

NOT

Received

I. 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 **BONNIE J. KELLER, VICE PRESIDENT**

7/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1. NAME	P KELLER, ARLENE	<input type="checkbox"/> DELETE
2. STREET ADDRESS	5710 WOOSTER PIKE, SUITE 122	
3. CITY-STATE-ZIP	CINCINNATI OH 45227	
4. NAME	VP KELLER, BONNIE J	<input type="checkbox"/> DELETE
5. STREET ADDRESS	2850 NEW TAMPA HWY	
6. CITY-STATE-ZIP	LAKELAND FL	
7. NAME	ST KELLER, GERALD L.	<input type="checkbox"/> DELETE
8. STREET ADDRESS	2850 NEW TAMPA HWY	
9. CITY-STATE-ZIP	LAKELAND FL	
10. NAME	S ALLEN, JEAN	<input type="checkbox"/> DELETE
11. STREET ADDRESS	5710 WOOSTER PIKE, SUITE 122	
12. CITY-STATE-ZIP	CINCINNATI OH	
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY-STATE-ZIP		
16. NAME		<input type="checkbox"/> DELETE
17. STREET ADDRESS		
18. CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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: **JEAN ALLEN** ASST. SECT.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

(513) 271-0163

Date

Daytime Phone #

CR2E034 (5/99)

0119126