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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F36160 (2)

1. Corporation Name
NANCE'S RETIREMENT CENTER, INC.

Principal Place of Business
3039 4TH ST., N.
ST PETERSBURG FL 33704

Mailing Address
3039 4TH ST., N.
ST PETERSBURG FL 33704-2104



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent
BRICE, PHILIPPE
517 PAUL MORRIS DR., D-3
ENGLEWOOD FL 34223

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
05/18/1981

3a. Date of Last Report
05/01/1996

4. FEI Number

58-1437748

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 s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

ALFLEN, KENNETH

82 Street Address (P.O. Box Number is Not Acceptable)

6275 MANASOTA KEY RD

83

84 City

ENGLEWOOD

FL

85 Zip Code

34223

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: Kenneth Alflen

(NOTE: Registered Agent signature required when reinstating)

DATE

Kenneth ALFLEN PD 4/21/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ALFLEN, KENNETH L.
STREET ADDRESS 6275 MANASOTA KEY RD.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ST
NAME ALFLEN, KATHLEEN J.
STREET ADDRESS 6275 MANASOTA KEY RD.
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE V
NAME PARADOWICZ, RONALD
STREET ADDRESS 449 SANDALWOOD RD.
CITY-ST-ZIP CANTON MI 48188

TITLE V
NAME BRICE, PHILIPPE
STREET ADDRESS 8442 NORBERT AVE. 6578 Paul Revere
CITY-ST-ZIP NORTH PORT FL 34287 CANTON MI 48187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Philippe Brice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/21/97 810 926 2920

CR2E034 (9/96)