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Secretary of State

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VA885372

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F94000002781

1. Corporation Name
SUNRISE ASSISTED LIVING MANAGEMENT, INC.

Principal Place of Business
 9401 LEE HIGHWAY, SUITE 300
 FAIRFAX VA 22031

Mailing Address
 9401 LEE HIGHWAY, SUITE 300
 FAIRFAX VA 22031



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1994

4. FEI Number

54-1772771

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324

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 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 PCD DELETE
 NAME KLAASSEN, PAUL J
 STREET ADDRESS 9401 LEE HIGHWAY, STE 300
 CITY-ST-ZIP FAIRFAX VA

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

TITLE VSTD DELETE
 NAME KLAASSEN, TERESA M
 STREET ADDRESS 9401 LEE HWY., STE 300
 CITY-ST-ZIP FAIFAX VA 22031

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

TITLE VP DELETE
 NAME FADER, DAVID
 STREET ADDRESS 9401 LEE HIGHWAY, STE 300
 CITY-ST-ZIP FAIRFAX VA 22031

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

TITLE VP DELETE
 NAME NEWELL, THOMAS B
 STREET ADDRESS 9401 LEE HIGHWAY., STE 300
 CITY-ST-ZIP FAIRFAX VA 22031

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

TITLE VP DELETE
 NAME TOMASSO, TIFFANY
 STREET ADDRESS 9401 LEE HWY, SUITE 300
 CITY-ST-ZIP FAIRFAX VA 22031

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

TITLE VP DELETE
 NAME CARNEY, WILLIAM
 STREET ADDRESS 9401 LEE HWY, SUITE 300
 CITY-ST-ZIP FAIRFAX VA 22031

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99
 Date

Daytime Phone #

CR2E034 (11/98)