SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 JUN 12 AM 10:53
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F95000004703 (3)

1. Corporation Name

ARV ASSISTED LIVING, INC.

Principal Place of Business	Mailing Address
245 FISCHER AVENUE. D-1 COSTA MESA CA 92626	245 FISCHER AVENUE. D-1 COSTA MESA CA 92626

3. Date Incorporated or Qualified: 09/27/1995
3a. Date of Last Report
4. FEI Number: 33-0160968 — 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 s. 199.032 Florida Statutes ☐ Yes XX No

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 — Country — 30

9. Name and Address of Current Registered Agent

NATIONSCORP REGISTERED AGENTS INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

200001865202
-06/18/96--01090--003
****375.00 ****375.00
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 ______ DATE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
CD	DAVIDSON, GARY L	245 FISCHER AVE., D-1	COSTA MESA CA	☐
PD	BOOTY, JOHN A	245 FISCHER AVE., D-1	COSTA MESA CA	☐
VD	COLLINS SR, DAVID P	245 FISCHER AVE., D-1	COSTA MESA CA	☐
V	CHRISTIE, G B	245 FISCHER AVE., D-1	COSTA MESA CA	X
S	ESPLEY-JONES, GRAHAM	245 FISCHER AVE., D-1	COSTA MESA CA	☐
V	TOURTELOT, RICHARD H	245 FISCHER AVE., D-1	COSTA MESA CA	X

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City-St-Zip	Change	Addition
Director	R. Bruce Andrews	245 Fischer Ave., D-1	Costa Mesa, CA 92626	☐	X
Director	James M. Peters	245 Fischer Ave., D-1	Costa Mesa, CA 92626	☐	XX
Director	John J. Rydzewski	245 Fischer Ave., D-1	Costa Mesa, CA 92626	☐	X
Director	Maurice J. DeWald	245 Fischer Ave., D-1	Costa Mesa, CA 92626	☐	XX
VTS	Espley-Jones, Graham	245 Fishcer Ave., D-1	Costa Mesa, CA 92626	XX	☐
V/AS	Sheila M. Muldoon	245 Fischer Ave., D-1	Costa Mesa, CA 92626	☐	XX

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary L Davidson — 6/10/96 — 714.751-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gary L. Davidson, Chairman