

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

FILED

May 15 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 # 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 92626-4550



3. Date Incorporated or Qualified

09/27/1995

3a. Date of Last Report

06/12/1996

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

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 ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME ANDREWS, R. BRUCE
STREET ADDRESS 245 FISCHER AVE., D-1
CITY-ST-ZIP COSTA MESA CA 92626

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME PETERS, JAMES M
STREET ADDRESS 245 FISCHER AVE., D-1
CITY-ST-ZIP COSTA MESA CA 92626

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME RYDZEWSKI, JOHN J
STREET ADDRESS 245 FISCHER AVE., D-1
CITY-ST-ZIP COSTA MESA CA 92626

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME DEWALD, MAURICE J
STREET ADDRESS 245 FISCHER AVE., D-1
CITY-ST-ZIP COSTA MESA CA 92626

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ESPLEY-JONES, GRAHAM
STREET ADDRESS 245 FISCHER AVE., D-1
CITY-ST-ZIP COSTA MESA CA 92626

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME MULDOON, SHEILA M
STREET ADDRESS 245 FISCHER AVE., D-1
CITY-ST-ZIP COSTA MESA CA 92626

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)