


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).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90002 011 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006572 ✓

1. Corporation Name
HOME AND COMMUNITY CARE, INC.



Principal Place of Business % ASSISTED LIVING CONCEPTS/ WM. MCBRIDE 9955 S.E. WASHINGTON STREET, THIRD FLOOR PORTLAND OR 97216	Mailing Address % ASSISTED LIVING CONCEPTS/ WM. MCBRIDE 9955 S.E. WASHINGTON STREET, THIRD FLOOR PORTLAND OR 97216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11835 NE Glenn Widing Dr		2a. Mailing Address 26 11835 NE Glenn Widing Dr		3. Date Incorporated or Qualified 12/12/1997
22 Suite, Apt. #, etc. Building E		27 Suite, Apt. #, etc. Building E		4. FEI Number 86-0864255
23 City & State Portland, OR		28 City & State Portland, OR		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 97220 25 Country USA		29 Zip 97220 30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, KEREN B		1.2 NAME	
STREET ADDRESS 9955 S.E. WASHINGTON, THIRD FLOOR		1.3 STREET ADDRESS 11835 NE Glenn Widing Dr., Bldg. E	
CITY-ST-ZIP PORTLAND OR 97216		1.4 CITY-ST-ZIP Portland, OR 97220	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIAM MCBRIDE III		2.2 NAME JAMES W. CRUCKSHANK	
STREET ADDRESS 9955 SE WASHINGTON STE 300		2.3 STREET ADDRESS 11835 NE Glenn Widing Dr. Bldg. E	
CITY-ST-ZIP PORTLAND OR 97216		2.4 CITY-ST-ZIP Portland, OR 97220	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDRA CAMPBELL		3.2 NAME	
STREET ADDRESS 9955 SE WASHINGTON STE 300		3.3 STREET ADDRESS 11835 NE Glenn Widing Dr., Bldg. E	
CITY-ST-ZIP PORTLAND OR 97216		3.4 CITY-ST-ZIP Portland, OR 97220	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Keren Brown Wilson	
STREET ADDRESS		4.3 STREET ADDRESS 11835 NE Glenn Widing Dr., Bldg. E	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Portland, OR 97220	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Sandra Campbell* Secretary 7/9/99 503/252-6233

CR2E034 (5/99)