


**FILE NQW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J22798 (9)**

1. Corporation Name  
**EDEN PARK VILLAGE INC.**



Principal Place of Business 1131 W. LAKE BRANTLEY ROAD ALTAMONTE SPRINGS FL 32714	Mailing Address 1131 W. LAKE BRANTLEY ROAD ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	1131 W LAKE BRANTLEY RD	26	SAME	07/08/1986		59-2687810		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
22	ALTAMONTE SPRINGS FL.	27	SAME	<input checked="" type="checkbox"/>					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees			
23		28	SAME	<input type="checkbox"/>					
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
24	32714	25	FLORIDA	29	SAME	30	SAME	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HESSE, ERNEST J., SR. 1131 W. LAKE BRANTLEY RD. ALTAMONTE SPRINGS FL 32714				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: *Ernest J. Hesse, Sr.* President 1/06/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

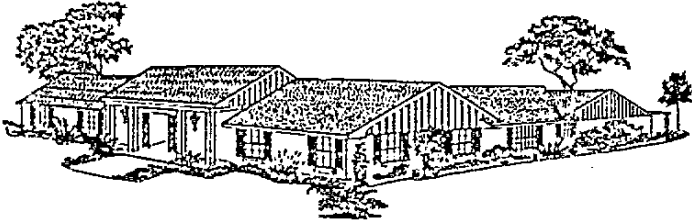
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSE, ERNEST J, SR.	1.2 NAME	
STREET ADDRESS	1131 W. LAKE BRANTLEY RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRGS FL	1.4 CITY - ST - ZIP	
TITLE	SEC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSE, ERNEST J S	2.2 NAME	
STREET ADDRESS	1131 W. LAKE BRANTLEY RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESSE, ERNEST J S	3.2 NAME	
STREET ADDRESS	1131 W. LAKE BRANTLEY RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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: *Ernest J. Hesse, Sr.* President 1/06/98 407.962.5200

CR2E034 (10/97)

# The Family Living Center



Association of Privately-owned  
Seventh-day Adventist Services and Industries

1-106-198

DIVISIONS OF CORPORATIONS

P.O. BOX 1500

TOLLOHASSEE PL. 32302-1500

GENTLEMEN;

I AM ENCLOSEING OUR CHECK NO 7443 IN THE AMOUNT OF 158.75. REPRESENTING  
150.00 FILING FEE + 8.75 FOR CERTIFICATE OF STATUS REPORT.

PLEASE RESPOND AS SOON AS POSSIBLE. NEED THE CERTIFICATION FOR FILING  
MY AGENCY FOR HEALTH CARE ADMINISTRATION INITIAL LICENSE RENEWAL.  
THANKS FOR YOUR IMMEDIATE COOPERATION.

Most Sincerely;  
*Ernest [Signature]*  
President

SUBJECT: 1998 Annual Report  
Filing  
Edna Paul Village, DBA  
Family Living Center

A Luxury Adult Congregate Living and Health Care Facility