

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J33017** (1)

1. Corporation Name

ALBANY AVENUE ADULT CONGREGATE LIVING FACILITY, INC.

Principal Place of Business

Mailing Address

**211 N ALBANY AVE
TAMPA FL 33606**

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TAMPA FL 33606**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/11/1986	04/20/1994
22		27		4. FEI Number	Applied For
23		28		59-2537243	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		25		7. This corporation has liability for uncollected tax under S. 199.032 Florida Statutes	
29		30		Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MANESCALA, PETER DAVID 1920 W NORTH 'B' STREET TAMPA FL 33606				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City	
				FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.03(3) and 607.1504, 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 Sections 607.0505 Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent) _____ (Name of Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY, ST, ZIP	PSD MANESCALA, PETER DAVID 1920 W. NORTH B STREET TAMPA FL	13.1 TITLE 13.1 NAME 13.1 STREET ADDRESS 13.1 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME STREET ADDRESS CITY, ST, ZIP	VT MANESCALA, JACKIE LUE 1920 W. NORTH B STREET TAMPA FL	13.2 TITLE 13.2 NAME 13.2 STREET ADDRESS 13.2 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP		13.3 TITLE 13.3 NAME 13.3 STREET ADDRESS 13.3 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP		13.4 TITLE 13.4 NAME 13.4 STREET ADDRESS 13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP		13.5 TITLE 13.5 NAME 13.5 STREET ADDRESS 13.5 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP		13.6 TITLE 13.6 NAME 13.6 STREET ADDRESS 13.6 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1)(b), 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 199, Florida Statutes, and that my name appears on the list of officers, directors, or on an attachment with an address.

SIGNATURE: *Jackie Manescala* Jackie Manescala 4/29/95 253-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR