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PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J33017 (1)

1. Corporation Name

ALBANY AVENUE ADULT CONGREGATE LIVING FACILITY, INC.



Principal Place of Business

**211 N ALBANY AVE
TAMPA FL 33606**

Mailing Address

**211 N ALBANY AVE
TAMPA FL 33606**

3. Date Incorporated or Qualified

09/11/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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**

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 607.0507, Florida Statutes.

SIGNATURE

Signature of Peter David Manescala

Signature of Jackie Lue Manescala

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PSD** DELETE
NAME: **MANESCALA, PETER DAVID**
STREET ADDRESS: **1920 W. NORTH B STREET**
CITY-STATE-ZIP: **TAMPA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE: **VT** DELETE
NAME: **MANESCALA, JACKIE LUE**
STREET ADDRESS: **1920 W. NORTH B STREET**
CITY-STATE-ZIP: **TAMPA FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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

SIGNATURE: *Jackie Manescala* Jackie Manescala V.P. 1-22-96 ⁽⁸¹³⁾ 253-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Digitized From #

CR2E034 (12/95)