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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J61498

(8)

FILED
May 04 1998 8:00am
Secretary of State

VISION RETIREMENT HOME, INC.				
Principal Plac	ce of Business	Mailing Address		i samirie arra arra arras biara ratar shir didir nesa giari didir didir didir didir
Vision Retirement Home Vision Retirement			nt Home	
1611 Elizabeth St.		1611 Elizabeth St.		DO NOT WRITE IN THIS SPACE
Melbourne, FL 32901		Melbourne, FL 32901		3. Date Incorporated or Qualified
INIAID	Oume, FL 32901	Melboarne, Fr	. 32901	03/12/1987
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-2877363 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & Sta	l e	City & State		Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution
24	25		30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24]	g. Name and Address of Curre		<u> </u>	10. Name and Address of New Registered Agent
R	RASELTON, WALTER J.		81 Name	
			Elizabeth J. Braselton Address (P.O. Roy Nilmber in Not Acceptable)	
WEST MELBOURNE FL			62 311981	3/84 Nancy St.
83				
\			84 City	les Zu Codo
ľ			84 City	Melhourne FL 85 Zip Code 32904
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation subspits this statement for the purpose of changing its registered				
office or agent. La	registered agent, or both, in the State am familiar with, and a could the oblig	e of Florida. Such change was at nations of Section 607 <u>.0506. Flor</u>	itnorized by the corp ida Statutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	- Capth	1/ Lease Thom	Pre	1/1-02
	Signature, by an or priparatiume of registered		Registered Agent signature	required when reinstating)
12.	,	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD BOARELTON WALTED I	Dete is		Elizabeth S. Braselton
FMME	BRASELTON, WALTER J. 3184 NANCY ST		1 2 NAME	926 Beacon Rd
STREET ADDRESS	W. MELBOURNE FL		1.3 STREET ADDRESS	· -
CITY-ST-ZIP TITLE	D WCLDOUTHIE FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Rockledge, 41, 32955 Vice President/Secretary Achange Addition
NAME	BRASELTON, RUTH A.	Section 2	2.2 NAME	Rebeica A. Chanudet
STREET ADDRESS	3184 NANCY ST		2.3 STREET ADDRESS	440 Heathrow Ct
City-ST-ZW	W. MELBOURNE FL		2 4 CITY-ST-ZIP	Bockledge, 41 32955
TITLE	D	X DELETE	3.1 TITLE	Change X Addition
NAME	SMITH, ELIZABETH J.		3.2 NAME	Sames T. Brase Iton 10319 Skiles Ave
STREET ADDRESS	966 BEACON RD		3.3 STREET ADDRESS	10319 SKiles Ave
CITY-ST-ZIP	ROCKLEDGE FL		3.4 CITY-ST-ZIP	Kansas City, MO 24134
TITLE	D	DELETE	4.1 TITLE	Director Li Change Li Addition
NAME	CHANUDET, REBECCA A.	-	4. 2 NAME	Paul & Braselton
STREET ADDRESS	440 HEATHROW CT		4.3 STREET ADDRESS	1625 PlantationDr.
CITY-ST-ZIP	ROCKLEDGE FL		4.4 CITY-ST-ZIP	Rincon, GA 31326
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		——————————————————————————————————————	5 4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME	J		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	1		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 roport 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:

South Ballo

4/28/98

(401) 984-7533