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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J80216 (1)
1. Corporation Name
HAVEN RETIREMENT CENTERS, INC.



Principal Place of Business 5140 20TH AVENUE NORTH ST PETERSBURG FL 33710 US	Mailing Address 5140 20TH AVE NORTH ST PETERSBURG FL 33710 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6960 COUNTY RD. 95 Suite, Apt. #, etc.		2a. Mailing Address 26 4300 Cherry St. N.E. Suite, Apt. #, etc.	
22 City & State 23 PALM HARBOR, FL. Zip 24 34684 Country 25 USA		27 City & State 28 ST. PETERSBURG, FL. Zip 29 33703 Country 30 USA	
3. Date Incorporated or Qualified 06/25/1987		4. FEI Number 59-2924777	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WRIGHT, WITTNER E 5140 20TH AVENUE NORTH ST PETERSBURG FL 33740	10. Name and Address of New Registered Agent WITTNER E. WRIGHT 4300 Cherry STREET, N.E. St. Petersburg FL 33703
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 26, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, WITTNER E 5140 20TH AVE NORTH ST. PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	← SAME ← SAME 4300 Cherry St. N.E. St. Petersburg, FL. 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WRIGHT, BARRY EUGENE 5140 20TH AVENUE NORTH ST PETERSBURG FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	← SAME ← SAME 4300 Cherry St. N.E. St. Petersburg, FL. 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT-GRAHAM, MARIBERTH 5140 20TH AVENUE NORTH ST. PETERSBURG FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	← SAME ← SAME 4300 Cherry St. N.E. St. Petersburg, FL. 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: Barry Eugene Wright April 26, 1998 (813)823-5077

CR2E034 (10/97)