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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J80216 1. Corporation Name

HAVEN RETIREMENT CENTERS, INC.

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90209 024 \*\*\*158.75



Principal Place of Business Mailing Address						-  III	<b>                                    </b>	HOLO BHI BIDII	BIRKI DIBIK GERKE	KERI DIBIL KEBI
6960 COUNTY RD 95 4300 CHERRY ST NE										
PALM HARBOR FL 34684 ST PETE FL 33703						DO NOT WRITE IN THIS SPACE				
us		US								
ı						3. Date Inc. 06/25	corporated or Qualifer /1987	3		
	2. Principal Place of Business 2a. Mailing Address 4300 Cherry St. W.E 26					4. FEI Nur			Ap	lied For
21 4300 Cherry St. N.E. Suite, Ast. #, etc.		26				59-2924777			Not Applicable	
		Suite, Apt. #, etc.				5. Certificate of Status Desired		×	\$8.75 Additional Fee Required	
City & State		City & State				6 Election	Campaign Financino	<u> </u>	\$5.00	·——
33 ST. PETERSBURG IF LO		28					und Contribution	'	Added t	
Zip 24 3370	Courtry 25 Pinellas	Zip Country				8. This curporation owes the current year intangible Persor al Property Tax. ☐ Yes ☐ Yes				
24 <u>53 /0</u>	9. Name and Address of Current	29 Pegistered Agent	30				al Property Tax. and Address of New	Registers d		QIVO
<del></del>	5. Name and Address of Corrent	redisteren wähilt		1 Na	ne	IV. IVAIIIE	IIIu Address of New	ivegistert o	Agent	
WRK	ght, wittner e					(D.O. B	NIha-i- NI-4 A			
	CHERRY ST NE			32 Str	et Ac are	ess (P.O. Box	Number is Not Acceptable)			
ST F	PETERSBURG FL 33703		8	33						
			8	64 Cit	,			FL	85 Zip C	ode
11 Pureupat	to the provisions of Sc ctions 607.0502	and 607 1508. Elocida Statu	ites the abo	we nan	ad cc mc	ration submits	this statement for the		changing its	ranistered
office or re	egistered agent, or bo h, in the State of	Florida. Such change was a	authorized b	y the c	orporation	n's board of ci	rectors. I hereby acce	ept the appo	intment as req	g stered
agent. a	m familiar with, and accept the obligati:	ns of, Section 607.0505, Flo	orida Statute	es.						
SIGNATURE	Signature, typed or printed name of registered agent	and this if applicable (NOT	C: Posistand A	neet einne	ire regi red	when reinstating)		DATE		
12.	OFFICERS AND		13.	gent signa	Gre redt red		NS/CHANGES TO O		ND DIRECTO	F.S IN 12
TITLE	P	☐ DELETE	1,1 TITU		Τ-				☐ Change	Addition
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STREET ADDRESS	4300 CHERRY ST NE									
CITY-ST-ZUP	ST. PETERSBURG FL 33703		1.3 STRE	ET ADDR	:53					
TITLE	ST				:58					
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STREET ADDRE 3S	· ·	☐ DELETE	1.4 CITY	-ST-ZIP					☐ Change	☐ Addition
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TITLE  NAME  STREET ADDRE::S  CITY-ST-ZIP  TITLE  NAME  STREET ADDRE::S  CITY-ST-ZIP  TITLE  NAME	WRIGHT, BARRY EUGENE 4300 CHERRY ST NE ST PETESBURG FL 33703 VP WRIGHT-GRAHAM, MARIBERTH 4300 CHERRY ST NE	☐ DELETE	1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	ST-ZIP  EET ADDRI  EET ADDRI  C-ST-ZIP  EET ADDRI  EST-ZIP  EET ADDRI  ST-ZIP  EET ADDRI  ST-ZIP  EET ADDRI  ST-ZIP	W/A .53	(1647-1300 CA	GRAHAM, Miserry St. A	AR I BE V.E =L. 33	Change 703 Change	Addition  Addition
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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 of 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 of on an attachment with an appears of the receiver of the corporation.

OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (11/98)