

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K05986 (0)

1. Corporation Name  
AMERICAN RETIREMENT CENTERS, INC.

Principal Place of Business Mailing Address  
C/O ZUBAIR S. MANSORI C/O ZUBAIR S. MANSORI  
815 ORIENTA AVE. STE 2 GENESIS BLDG 815 ORIENTA AVE. STE 2 GENESIS BLDG  
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701-5800



3. Date Incorporated or Qualified 12/08/1987 3a. Date of Last Report 04/23/1996  
4. FEI Number 59-2866017 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

MANSORI, ZUBAIR  
815 ORIENTA AVE. STE 2 GENESIS BLDG.  
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE *Zubair S. Mansori* 2/7/97  
Signature of 12a or 12b printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATES, TIMOTHY O.		1.2 NAME		
STREET ADDRESS	7726 WHITE ASH ST.		1.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEAS, THOMAS R.		2.2 NAME		
STREET ADDRESS	815 ORIENTA AVE. STE 2		2.3 STREET ADDRESS		
CITY - ST - ZIP	ALTAMONTE SPRINGS FL		2.4 CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANSORI, ZUBAIR S.		3.2 NAME		
STREET ADDRESS	815 ORIENTA AVE. STE 2		3.3 STREET ADDRESS		
CITY - ST - ZIP	ALTAMONTE SPRINGS FL		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAS, DINES C.		4.2 NAME		
STREET ADDRESS	102 DAS CT.		4.3 STREET ADDRESS		
CITY - ST - ZIP	KISSIMEE FL		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAS, RENU.		5.2 NAME		
STREET ADDRESS	102 DAS CT.		5.3 STREET ADDRESS		
CITY - ST - ZIP	KISSIMEE FL		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I do 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 I changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 2/7/97 407 331 3122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)