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

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 815 ORIENTA AVE. STE 2 GENESIS BLDG ALTAMONTE SPRINGS FL 32701	C/O ZUBAIR S. MANSORI 815 ORIENTA AVE. STE 2 GENESIS BLDG ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1987

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29): Country (30)

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

Zubair S. Mansori

10. Name and Address of New Registered Agent

81 Name: Mansori, Zubair
82 Street Address (P.O. Box Number is Not Acceptable): 915 Seneca Boulevard
83
84 City: Casselberry FL 85 Zip Code: 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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. The 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.

Zubair S. Mansori

SIGNATURE _____ (Signature, type or print name of the person signing. Corporate officer 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BATES, TIMOTHY O.		1.2 NAME		
STREET ADDRESS	7728 WHITE ASH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DAS, DINES C.		4.2 NAME		
STREET ADDRESS	102 DAS CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAS, RENU.		5.2 NAME		
STREET ADDRESS	102 DAS CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

-06/25/98-01003-046 **150.00

6-24

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.

Zubair S. Mansori

SIGNATURE: Zubair S. Mansori 5/1/98 (407) 331-3122

CR2E034 (10/97)