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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90073 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K05986**

1. Corporation Name

AMERICAN RETIREMENT CENTERS, INC.

Principal Place of Business

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

Mailing Address

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

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 **915 Semoran BLVD**

2a. Mailing Address

26 **915 Semoran BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State
Casselberry FL

28 City & State
Casselberry FL

24 Zip **32707** 25 Country **USA**

29 Zip **32707** 30 Country **USA**

9. Name and Address of Current Registered Agent

**MANSORI, ZUBAIR
915 SEMORAN BLVD.
CASSELBERRY FL 32707**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BATES, TIMOTHY O.	
STREET ADDRESS	7726 WHITE ASH ST.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAS, THOMAS R.	
STREET ADDRESS	815 ORIENTA AVE. STE 2	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	MANSORI, ZUBAIR S.	
STREET ADDRESS	815 ORIENTA AVE. STE 2	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAS, DINES C.	
STREET ADDRESS	102 DAS CT.	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAS, RENU.	
STREET ADDRESS	102 DAS CT.	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)