

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

FILED  
Mar 10 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 # K37188 (5)

1. Corporation Name

ALCOVE RETIREMENT CENTER II, INC.

Principal Place of Business

% WALDA LOPEZ-RITAS  
2831 4TH ST. NO  
ST. PETERSBURG FL 33704  
US

Mailing Address

C/O WALDA LOPEZ-RITAS  
PO BOX 20740  
ST. PETERSBURG FL 33742  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 PO BOX 8783		10/03/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 MADEIRA BEACH FL		59-2910689	
24 Country		29 33738-8783		Applied For	
25 Country		30 Pinellas		<input checked="" type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
LOPEZ-RITAS, WALDA 908 BAY POINT DR. MADEIRA BEACH FL 33708				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
81 Name				8. Election Campaign Financing	
82 Street Address (P.O. Box Number is Not Acceptable)				Trust Fund Contribution	
83				<input type="checkbox"/> \$5.00 May Be Added to Fees	
84 City				8. This corporation owes or has paid the current year Intangible	
FL				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
85 Zip Code				10. Name and Address of New Registered Agent	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	0	DELETE		1.1 TITLE		Change	Addition
NAME	LOPEZ-RITAS, WALDA			1.2 NAME			
STREET ADDRESS	908 BAY POINT DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MADEIRA BEACH FL			1.4 CITY-ST-ZIP			
TITLE	0	DELETE		2.1 TITLE		Change	Addition
NAME	MCNULTY, NELLY			2.2 NAME			
STREET ADDRESS	428 LINCOLN CIRCLE NW			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TITLE		Change	Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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			

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

485-1105-117-117

3-4-98

813-888-0560

CR2E034 (10/97)