**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

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95 MAY 11 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # K82918

1. Corporation Name: KISSIMMEE RET. Current HOME. INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 702 VERONA ST<br>KISSIMMEE FL<br>34741-5188 | KISSIMMEE RET. HOME<br>702 VERONA ST.<br>KISSIMMEE FL. 34741-3788 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 702 VERONA ST. | 25 702 VERONA ST. |
| Suite, Apt. #, etc.: 22 N/A | Suite, Apt. #, etc.: 27 N/A |
| City & State: 23 KISSIMMEE FL. | City & State: 28 KISSIMMEE FL. |
| Zip: 24 34741 Country: 25 OSCEOLA | Zip: 29 34741 Country: 30 OSCEOLA |

3. Date Incorporated or Qualified: 4/24/89
3a. Date of Last Report: 3/1994
4. FEI Number: 59-3945281 — 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

9. Name and Address of Current Registered Agent:
VILMA FALLEJO
KISSIMMEE RETIREMENT HOME
702 VERONA ST.
KISSIMMEE FL 34741

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
N/A

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: Vilma Fallejo 4/20/95 VILMA FALLEJO DATE: 4/20/95
(Signature typed or printed name of registered agent and the date as required) (NOTE: Registered Agent's signature required when changing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | PIT<br>FALLEJO, VILMA F.<br>702 VERONA ST. KISS. FL. | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | ☐ Change ☐ Addition<br>700001486497<br>-05/12/95--01121--002<br>****225.00 ****225.00 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | 5/11/95 T.S. | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | ☐ Change ☐ Addition<br>per conversation with Mrs Fallejo |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 this 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:** Vilma Fallejo President 3/31/95 407-870-6760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number