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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K82918 (9)

1. Corporation Name
KISSIMMEE RETIREMENT HOME, INC.



Principal Place of Business
702 VERONA ST.
KISSIMMEE FL 34741-5188

Mailing Address
702 VERONA ST.
KISSIMMEE FL 34741-5119

3. Date Incorporated or Qualified
04/24/1989

3a. Date of Last Report
04/19/1996

2. Principal Place of Business
21 702 VERONA ST.

2a. Mailing Address
26 702 VERONA ST, KISS. FL.

Suite, Apt. #, etc.
22 KISSIMMEE

Suite, Apt. #, etc.
27 N/A

City & State
23 FL

City & State
28 KISSIMMEE FL

Zip
24 34741

Country
25 OSCOLA

Zip
29 34741

Country
30 OSCOLA

4. FEI Number
59-2945281

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

FALLEJO, VILMA F
702 VERONA ST.
KISSIMMEE FL 34741-5188

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 VILMA FALLEJO Vilma Fallejo
Signature, typed or printed name of registered agent and title if applicable (NOT registered Agent signature required when reinstating)

2/13/97
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PT
FALLEJO, VILMA F
STREET ADDRESS
CITY-ST-ZIP 702 VERONA ST
KISSIMMEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 changed, or on an attachment with an address.

SIGNATURE: VILMA FALLEJO Vilma Fallejo

2/13/97

CR2E034 (9/96)