

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

FILED

Mar 26 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # K82918 (9)

1. Corporation Name
KISSIMMEE RETIREMENT HOME, INC.

Principal Place of Business

**702 VERONA ST.
KISSIMMEE FL 34741**

Mailing Address

**702 VERONA ST.
KISSIMMEE FL 34741**



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 702 Verona St Suite, Apt. #, etc. 22 Kissimmee FL City & State 23 Kiss. FL Zip 24 34741 | 25. Mailing Address 26 702 Verona St. Suite, Apt. #, etc. 27 Kiss. FL City & State 28 Kissimmee FL Zip 29 34741 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/24/1989 | |
| 4. FEI Number 59-2945281 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|-----------|
| 9. Name and Address of Current Registered Agent | |
| FALLEJO, VILMA F 702 VERONA ST. KISSIMMEE FL 34741-5188 | |
| 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 Vilma Fallejo (NOTE: Registered Agent signature required when reinstating) DATE 3/4/98

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------|---|--------------------|
| TITLE | PR | 1.1 TITLE | SEC. TREAS. |
| NAME | FALLEJO, VILMA F | 1.2 NAME | LOURDEA SENTINO |
| STREET ADDRESS | 702 VERONA ST | 1.3 STREET ADDRESS | 702 VERONA ST. |
| CITY-ST-ZIP | KISSIMMEE FL | 1.4 CITY-ST-ZIP | KISSIMMEE FL 34741 |
| TITLE | LOURDEA SENTINO | 2.1 TITLE | |
| NAME | 702 Verona St. | 2.2 NAME | |
| STREET ADDRESS | Kiss. FL 34741 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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: Vilma Fallejo DATE: 3/4/98 HPT-870-3060

CP2E034 (10/97)