

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90085 017 ***158.75

0504775

DOCUMENT # K82918

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

3. Date Incorporated or Qualified

04/24/1989

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 702 VERONA ST.

Suite, Apt. #, etc.

22 KISSIMMEE, FL.

City & State

23 34741

Zip

OSCEOLA

Country

24

25

2a. Mailing Address

26 702 VERONA ST.

Suite, Apt. #, etc.

27 KISSIMMEE FL

City & State

28

Zip

Country

29 34741

30

OSCEOLA

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

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, Administrator, PT.

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

(NOTE: Registered Agent signature required when reinstating)

1/8/99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PT
FALLEJO, VILMA F
702 VERONA ST
KISSIMMEE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST
CENTINO, LOURDEA
702 VERONA ST.
KISSIMMEE FL 34741

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CORRECTION NAME

CENTINO, LOURDES

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I hereby certify that the information indicated is true and correct.

Signature of officer or director

Block 12

I further certify that the information indicated is true and correct; that I am an authorized officer or director of the corporation; and that my signature appears in this report as required by Chapter 607, Florida Statutes; and that my name appears in the list of officers and directors.

SIGNATURE:

VILMA FALLEJO F. Fallejo - PT & ADMINISTRATOR/407-870-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)