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FILED

Jan 22 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 # K97804

(4)

1. Corporation Name

SENIOR CARE PROPERTIES, INC.

Principal Place of Business

82 6TH ST
APALACHICOLA FL 32320
US

Mailing Address

P.O. DRAWER 70
APALACHICOLA FL 32329-0070
US

3. Date Incorporated or Qualified

06/26/1989

3a. Date of Last Report

04/29/1996

4. FEI Number

58-1848507

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

COOPER, DEBORAH
2 SHOREWOOD CIR
APALACHICOLA FL 32320

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

Signature typed or printed name of registered agent and then it applies.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	STEWART, HAROLD L.	
STREET ADDRESS	131 N BAYSHORE DR	
CITY - ST - ZIP	EASTPOINT FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STEWART, DEBRA	
STREET ADDRESS	131 N. BAYSHORE DR.	
CITY - ST - ZIP	EASTPOINT FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RUTOSKEY, JOHN M	
STREET ADDRESS	82-6TH ST.	
CITY - ST - ZIP	APALACHICOLA FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	STEWART, HAROLD L II	
STREET ADDRESS	826 N BAYSHORE DR	
CITY - ST - ZIP	EASTPOINT FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DEBORAH COOPER	
STREET ADDRESS	2 SHOREWOOD CIR	
CITY - ST - ZIP	APALACHICOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Deborah Cooper Deborah Cooper 1-7-97 904-653-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0050447

CR2E034 (9/96)