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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L33164

(9)

SUNSET GARDENS OF SAN ANTONIO, INC.

	3. SCHRADER N AVE STE 314	Mailing Address P.O. BOX 77 SAN ANTONIO FL 33576-0077 US								
DADE CITY FL US	33527	US				3. Date Incorporated or Qualified 12/01/1989	3e. Date of 04/08/1		eport	
2. Principa' Pl. 21	ace of Business	2a. Mailing Address 26				FEI Number         Applied For           59-2987125         Not Applicable				
Surte, Apt. ( 22		Suite, Apt. #, etc.				Certificate of Status Desired     \$8.75 Additional     Fee Required				
City & State		City & State	1 0			Election Campaign Financing     Trust Fund Contribution		Added t	May Be to Fees	
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
Name and Address of Current Registered Agent			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. Name and Address of New Registered Agent						
SCH	RADER, JEROME G.			Name	6					
3783 STE	97 MERIDIAN AVE		82 Street Addre		Addres	s (P.O. Box Number is Not Acceptab	ile)			
	E CITY FL 33525		-	B3						
l			ļ	City	;		FL 85	Zip (	Code	
office or re agent. Lar SIGNATURE	o the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the oblight Signature typed or pention name of registered ag	e of Florida. Such change was lations of, Section 607.0505, I	s authorized Florida Statu	by the cor ites.	poration	ation submits this statement for the p o's board of directors. I hereby accept when reinstating)	purpose of char of the appointm DATE	nging iti nent as	s registered registered	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE				
TilleF	DS DELETE		1.1 TIT	£.1 TITLE			L.J (	Change	☐ Addition	
NAME	SCHRADER, JEROME G.		1.2 NA	ME						
STREET ADDRESS	37837 MERIDIAN AVE STE 31	4	1.3 STF	EET ADDRESS					,	
CITY - ST - ZIP	DADE CITY FL			Y-ST-ZIP	<b></b>				1 1 1 1 1 1 1 1 1	
TITLE	DP	DELETE	2.1 111		1		<b>45.</b> 1 (	Change	Addition	
NAME	SCHRADER, THOMAS A.		2.2 NA		226	OO MICHICAN AND	מונוז			
STREET ADDRESS	31837 PASCO ROAD		2.3 \$11			509 MICHIGAN AVEN N ANTONIO FL 3357				
CHY-S1-ZIP	SAN ANTONIO FL	DELETE	2. 4 C() 3.1 T()	Y-ST-ZIP	SAI	ANTONIO PL 3337		Change	Addition	
TIFLE NAME		CT prese	3.7 MA				ا	A IST INC	Adoleon	
STREET ADDRESS			1	eet address	ĺ					
CITY - ST - ZIP				Y-ST-ZIP						
TOTLE		DELETE	4.1 111	<del></del>				Change	Addition	
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STF	EET ADDRESS						
CHY-ST-7IP				Y-ST-ZIP						
TITLE		DELETE	5.1 TIT		1	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME			5.2 NAI	<b>AE</b>						
STREET ADDRESS			5.3 STF	EET ADDRESS						
CITY-ST-ZIP			5.4 CIT	Y - ST - ZIP						
101.F	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	6.1 TiT	.E	l			Change	Addition	
NAME			6.2 NAI	Æ						
STREET ADDRESS			6.3 STF	eet address		÷.				
CHTY - ST - Zi-F			6.4 CIT	Y-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 inortated on this annual report of 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:

SIGNATURE:

14-7-97

352

588

2501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

**FILED** 

Apr 10 1997 8:00am

Secretary of State

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