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FILED

Feb 03 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 # L51275

(0)

1. Corporation Name:  
ASSISTED LIVING INCORPORATED

Principal Place of Business

2108 64TH ST CT E  
BRADENTON FL 34208  
US

Mailing Address

1500 4TH AVE W  
BRADENTON FL 34205-5915  
US



3. Date Incorporated or Qualified

02/15/1990

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0184733

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

STEWART, TERRY L.  
1510 1ST AVE W  
BRADENTON FL 34205

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 title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVS  
NAME STEWART, TERRY L.  
STREET ADDRESS 1510 1ST AVE W  
CITY - ST - ZIP BRADENTON FL

☐ DELETE

TITLE T  
NAME STEWART, TERRY L.  
STREET ADDRESS 1510 1ST AVE W  
CITY - ST - ZIP BRADENTON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 NAME ☐ Change ☐ Addition

12.1 NAME ☐ Change ☐ Addition

13.1 STREET ADDRESS ☐ Change ☐ Addition

14.1 CITY - ST - ZIP ☐ Change ☐ Addition

21.1 NAME ☐ Change ☐ Addition

22.1 NAME ☐ Change ☐ Addition

23.1 STREET ADDRESS ☐ Change ☐ Addition

24.1 CITY - ST - ZIP ☐ Change ☐ Addition

31.1 NAME ☐ Change ☐ Addition

32.1 NAME ☐ Change ☐ Addition

33.1 STREET ADDRESS ☐ Change ☐ Addition

34.1 CITY - ST - ZIP ☐ Change ☐ Addition

41.1 NAME ☐ Change ☐ Addition

42.1 NAME ☐ Change ☐ Addition

43.1 STREET ADDRESS ☐ Change ☐ Addition

44.1 CITY - ST - ZIP ☐ Change ☐ Addition

51.1 NAME ☐ Change ☐ Addition

52.1 NAME ☐ Change ☐ Addition

53.1 STREET ADDRESS ☐ Change ☐ Addition

54.1 CITY - ST - ZIP ☐ Change ☐ Addition

61.1 NAME ☐ Change ☐ Addition

62.1 NAME ☐ Change ☐ Addition

63.1 STREET ADDRESS ☐ Change ☐ Addition

64.1 CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)