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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N10455			
1. Corporation Name OCEAN VIEW NURSING HOME AUXILIARY, INC.			
Principal Place of Business 2810 SOUTH ATLANTIC AVENUE C/O HELEN WORNER NEW SMYRNA BEACH FL 32169-0446 US		Mailing Address 2810 SOUTH ATLANTIC AVENUE C/O HELEN WORNER NEW SMYRNA BEACH FL 32169-0446 US	
2. Principal Place of Business 21 2810 S. Atlantic Ave Suite, Apt. #, etc. c/o Esther Ramsay 22 New Smyrna Beach FL 32169 City & State		2a. Mailing Address 26 2810 S. Atlantic Ave. Suite, Apt. #, etc. c/o Esther Ramsay 27 New Smyrna Beach FL. City & State	
23 Zip 24 32169-0446		28 Country 25 Volusia 29 32169-0446 30 Volusia	
9. Name and Address of Current Registered Agent WORNER, HELEN 17A COUNTRY CLUB DRIVE (HOME) 3824 SAXON DR. (HOME) NEW SMYRNA BEACH FL 32169		10. Name and Address of New Registered Agent 81 Name Esther Ramsay 82 Street Address (P.O. Box Number is Not Acceptable) 4151 S. Atlantic Ave. Apt. 516 83 (home) 84 City New Smyrna Beach FL 85 Zip Code 32169	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Esther Ramsay</i> Esther Ramsay 7/27/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME RAMSAY, ESTHER STREET ADDRESS 4151 S ATLANTIC AVE 516 CITY-ST-ZIP NEW SMYRNA BEACH FL <input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE DT NAME WORNER, HELEN STREET ADDRESS 17A COUNTRY CLUB DRIVE CITY-ST-ZIP NEW SMYRNA BEACH FL <input checked="" type="checkbox"/> DELETE		2.1 TITLE DT 2.2 NAME Gloria Arnold 2.3 STREET ADDRESS 3824 Saxon Drive 2.4 CITY-ST-ZIP New Smyrna Beach, FL 32169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME ABLE, BARBARA STREET ADDRESS 834 8TH AVE CITY-ST-ZIP NEW SMYRNA BEACH FL <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE DV NAME BOOTH, MARY STREET ADDRESS 920 LOCUST ST CITY-ST-ZIP NEW SMYRNA BEACH FL <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Esther Ramsay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/99 (904) 428 3992
Date Daytime Phone #

CR2E037 (5/99)