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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002875 (1)**

1. Corporation Name

PARENT ASSISTED LIVING SERVICES, INC.

Principal Place of Business

**15811 SAN ANTONIO COURT
FORT MYERS FL 33908**

Mailing Address

**15811 SAN ANTONIO COURT
FORT MYERS FL 33908**

3. Date Incorporated or Qualified

06/16/1995

4. FEI Number

65-0718707

Applied For

Not Applicable

2. Principal Place of Business

21 34 SW 13th Terrace

Suite, Apt. #, etc.

22

**City & State
Cape Coral, FL**

Zip

24 33991

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SNELL, MARY V
1833 HENDRY STREET
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name

Joseph M. Burns

82 Street Address (P.O. Box Number is Not Acceptable)

15811 San Antonio Ct

83

84 City

Ft Myers

FL

85 Zip Code

33908

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

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

Joseph M. Burns, President

Jan 18, 1998

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **BURNS, JOAN**
STREET ADDRESS **15811 SAN ANTONIO COURT**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **VD** ☐ DELETE

NAME **BURNS, JOSEPH**
STREET ADDRESS **15811 SAN ANTONIO COURT**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **STD** ☐ DELETE

NAME **EGLAND, JAN**
STREET ADDRESS **1222 FERRY ROAD**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

Joseph M. Burns
Signature Required **Joseph M. Burns, V.P.** **Jan 18, 1998** 941/4546576

CR2E037 (10/97)