FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P21773** **(7)**

1. Corporation Name
HILLHAVEN OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
1209 ORANGE STREET WILMINGTON DE 19801-1134	1209 ORANGE STREET WILMINGTON DE 19801-1134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/15/1988	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	91-1431345	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MARKER, CHRIS	12 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PACQUER, ROBERT F.	22 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	ADCOCK, RICHARD	32 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, BOB	42 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	PEISER, WILLIAM	52 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	WEITZ, MICHAEL	62 NAME	
STREET ADDRESS	1148 BROADWAY PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ **Vice President, Taxation** 5/1/95 (206) 572-4191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008330 CP