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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P21773

(7)

HILLHAVEN OF CENTRAL FLORIDA, INC.

FILED May 01 1998 8:00am Secretary of State



						<u></u>]		JIBU BIBU		
Principal Place of Business Mailing Address						***************************************	*** #4871 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	#### ###	te ?≣ ¶∫
3300 PROVID		3300 PROVIDIAN CENT	EA							
LOUISVILLE I	KY 4020 2	LOUISVILLE KY 40202				DO NOT MOITE IN THE OPACE				
US		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						11/15/1988				
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number			Applied	d For
21		26				91-1431345		\ -		plicable
Suite, Apt. #, etc. Suite, Apt. #, etc.									5 Addit	
22 400 W. Market St., Ste. 3300 27 400 W. Market S				բ.	3300	5. Certificate of Status Desired	J		Requir	
City & State City & State						6. Election Campaign Financing		\$5 (00 No.	· Bo
23 Louisvi	28 Louisville, KY	<i>[</i>			Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Zip				8. This corporation owes or has paid the current year Intangible					
24 40202	25 US	29 40202	30	US	3	Personal Property Tax due June 30.	_	Yes	☐ No	
	9. Name and Address of Current					10. Name and Address of New Regist	ered A	gent		
СТ	CORPORATION SYSTEM			81	Name					
1200 \$. PINE ISLAND ROAD					Street Add	ress (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324					82 Street Address (P.O. Box Number is Not Acceptable)					
				83						
			İ	ليا				1-21 =		
				84	City		FL	85 Z	ip Code	ө
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Stati	utes, the at))	e-named corr	poration submits this statement for the purp		changin	o its rec	aistered
office or r	egistered agent, or both, in the State of	of Florida, Such change was	s authorized	J by	the corporat	poration submits this statement for the purp tion's board of directors. I hereby accept th	e appo	intment	as regi	stered
	m tanımar witn, and accept the conga-	John Of, Section 607.0000, F	-iorioa siai	utes	S.					
SIGNATURE	Storature, typed or printed name of registered agon	I and like if applicable (NC	OTE Registered	J Age	ent signature requi	red when reinstating)	ATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	SAND	DIRECT	ORS IN	12
TITLE	PCEO	☐ DELETE	- 1.1 Tr	TLE				X Chang	је 📘	Addition
NAME	LUNSFORD, W B		1.2 N/	ME						
STREET ADDRESS	\$300 PROVIDIAN CENTER		1.3 ST	REET	ADDRESS 40	00 W. Market St., Ste. 3300				
CITY-ST-ZIP	LOUISVILLE KY		1.4 0	TY-S	IT-ZIP					
TITLE	VCFO	☐ DELETE	2.1 TI	TLE			-	Chang	ge L	Addition
NAME	REED II, W E		2.2 NA	ME						
STREET ADDRESS	\$300 PROVIDIAN CENTER		2.3 ST	REET	ADDRESS 40	00 W. Market St., Ste. 3300				
CITY-ST-ZIP	Louisville ky		2. 4 C	ITY - 5	ST-ZIP	•				
TITLE	VS	DELETE	3.1 TI					Chang	ge [_	Addition
NAME	FORCE, JILL L		3.2 NA	ME	Jo	seph L. Landenwich		-		
STREET ADDRESS	3300 PROVIDIAN CENTER		1		ADDRESS 40	00 W. Market St., Ste. 3300				
CITY-ST-ZIP	LOUISVILLE KY				ST-ZIP	22.7 000. 000				
TITLE	Vī	DELETE	4.1 7(1	_				X Chang	je [Addition
NAME	LECHLEITER, RICHARD A		4.2 N]					
STREET ADDRESS	3300 PROVIDIAN CENTER				ADDRESS 40	0 W. Market St., Ste. 3300				
CITY-ST-ZIP	LOUISVILLE KY		4.4 Ci			-				
TITLE	VO	DELETE	5.1 717		1 411			Chang	ge [Addition
NAME	BARR, MICHAEL R		5.2 NA]					
STREET ADDRESS	3300 PROVIDIAN CENTER				ADDRESS 40	0 W. Market St., Ste. 3300				
· · · · · · · · · · · · · · · · · · ·	LOUISVILLE KY				I	o in reduce being ble, 500				
CITY-ST-ZIP TITLE	V	▼ DELETE	54 CF 6.1 TF		V			Chang	m E	Addition
I	WEITZ, MICHAEL	LJ DECETE			1 7	omas T. Ladt	,	0	~ ∪	, AUGINOIT
NAME	1148 BROADWAY PLAZA		6.2 NA							
STREET ADDRESS	TACOMA WA		6.3 \$1	REET	ADDRESS 40	0 W. Market St., Ste. 3300				

CITY-ST-ZIP | IACUMA WA

6.4 CITY-ST-ZIP | Louisville, KY 40202

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Brian K. Wood

Hillhaven of Central Florida, Inc.

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Director

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W. Bruce Lunsford

Director

Primary Address:

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W. Earl Reed, III

Director

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Š,

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200

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