

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathar
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000085922 (1)**

1. Corporation Name

INDIAN RIVER ASSISTED LIVING, INC.



Principal Place of Business

**1036 24TH AVE
VERO BEACH FL 32960**

Mailing Address

**1036 24TH AVE
VERO BEACH FL 32960**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**HARTMAN, HARRY S
1036 24TH AVE
VERO BEACH FL 32960**

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 607.0602 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1505, Florida Statutes.

SIGNATURE

Signature of the person authorized to file this report on behalf of the corporation.

Signature of the person authorized to file this report on behalf of the corporation.

PS:

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	D
NAME	HARTMAN, HARRY S IV
STREET ADDRESS	1036 24TH AVE
CITY-STATE-ZIP	VERO BEACH FL 32960
TITLE	D
NAME	HARTMAN, MITZI G
STREET ADDRESS	1036 24TH AVE
CITY-STATE-ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

13.1 TITLE	
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(b), Florida Statutes. I further certify that the information included in 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 or possessor of the property reported 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

[Signature]

4-2-96

407-562-5029

CR2E034 (12/95)