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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P9400001	5844
1 Corneration Name		-

1. Corporatio	n Name	0.00.1		ormania sa SME.		
TAMPIC	O RETIREMENT CENTER, II	NC.	SECI, E. V. SEL PORTO			
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Principal Plac	e of Business	Mailing Address	e e	n sometinder tim refett menst maste maste mater einen mitat meter meter meter mitat mitat mitat meter		
100 BASE AVE	NUE EAST	429 PARKLANE DRIVE				
VENICE FL 342		VENICE FL 34285				
		U\$		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified .		
				02/28/1994		
L '	face of Business	2a. Mailing Address		4. FEI Number Applied For		
21	- 	[26]		59-3229411 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, e				5. Certificate of Status Desired K \$8.75 Additional Fee Required		
22 City & Stat	la	City & State		- \		
23	ie.	1		6. Efection Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28 Zip	Country	8. This committee arms the arresponding to the second control of t		
24	[25]		80	Personal Property Tax [] Yes I No		
	9. Name and Address of Currer		1	10. Name and Address of New Registered Agent		
		· · · · · · · · · · · · · · · · · · ·	81 Nami	e		
	IILD, JOHANNES		82 Street	et Address (P.O. Box Number is Not Acceptable)		
	BASE AVENUE EAST		02 Street	st Madress (c.O. Box Multilier is Not Acceptable)		
VEN	ICE FL 34285		83			
			100	أأنا فالمراجع أعما		
f			84 City	FL 85 Zip Code		
1. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statules	the above name	od corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered.		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Ftorida Such change was aut mons of, Section 607,0505, Florid	horized by the cor ta Statutes	rporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE						
SIGNAT, INC.	Signature typed or pointed name of registere Jiager	nt and line if a _i q Leable (NOSE R	by spiral Agent septimen	e regione I where tenish it rig		
12,	r	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[] DETE LE	1 1 DILE	[Change		
NAME	SCHILD, JOHANNES		1.2 NAME	7000002789347 1		
STREET ADDRESS	100 BASE AVENUE EAST		1.3 STREET ADORES:			
CITY-ST-ZIP	VENICE FL 34285	Tillerere	14 CHY-ST-ZIP	***************************************		
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NAME	SCHILD, SUZANNE H		2.2 NAME	**************************************		
STREET ADDRESS	100 BASE AVENUE EAST		2.3 STREET ADDIRES	s		
CITY-ST-ZIP	VENICE FL 34285	Librier	2 4 CITY-ST-ZIP			
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NAME						
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (0/(3))). Floridal 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 logal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Floridal Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an objects, with all other like empowered.

SIGNATURE:

SIGNATURE SIGNATURE AND TAPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR.

Fell 15. 499 - 94-484-8898