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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

 I hereby certify that the information supplied indicated on this annual report of supplier officer or director of the corporation or the

Block 12 or Block 13-if

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019310 (9)

FOUNTAINS RETIREMENT COMMUNITIES OF FLORIDA, INC

Principal Place of Business Mailing Address 7979 S TAMIAMI TRAIL 2020 W RUDASILL SARASOTA FL 34231 TUSCON AZ 85704 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1994 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3230525 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 ucson Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 **X**Yes 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324 B**3 84 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** (NOTE Registered Agent's gnature required when reinstating) Signature, typind or profest native of registered agent and life if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE FRESHWATER, DAVID NAME 1.2 NAME 2020 W RUDASILL STREET ADDRESS 1.3 STREET ADDRESS **TUSCON AZ** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE POZEZ, MITCHEL NAME 2.2 NAME 2020 W RUDASILL STREET ADDRESS 2.3 STREET ADDRESS **TUSCON AZ** CITY-ST-ZIP 2. 4 City-St-ZiP DELETE TITLE 3.1 TITLE Change Addition **DORWART, FREDERICK** NAME 3.2 NAME **124 E FOURTH ST** STREET ADDRESS 3.3 STREET ADDRESS **TULSA OK** CITY-ST-ZIP 3.4. CITY-ST-ZIP ■ DELETE Change ___ Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

6.2 NAME

6.3 STREET ADDRESS

does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of it is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in