PROFIT CORPORATION ANNUAL REPORT:

1999

FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000048220
1. Composition Name	. 0 .0000 .0==0

CASA FERE RETIREMENT HOME INC.

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90171 020 ***150.00

UASA FE	EDE RETINEMENT NOME,	1140.										
Principal Place	e of Business	Maile	ng Address				1188	M 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
312 E 124TH A			TWELVE OAKS BLV)								
TAMPA FL 33634 US							DO NOT WRITE IN THIS SPACE					
		00					3. Date Inco	orporated or Quali	fed	·		
							06/28/	1994		•		
2. Principal Pl	face of Business	2a. N	failing Address				4. FEI Num				Applie	d For
21	•••	26					59-325	1837			Not A	oplicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.						d []	\$8.7	5 Add	itional
22	•	27					5. Certificate	of Status Desire	<u> </u>	Fee	Requi	red
City & State	B		ity & State	==			6. Election	Campaign Financi	ing —	\$5.	00 ма	y Be 😁 🕌
23		28					Trust Fur	nd Contribution	-, ⊔	Add	ed to F	. 896
Zip	Country	Z	ip .	Col	untry		8. This corp	oration owes the	current year	Intangible		- {
24	25	29		30	30		Personal	Property Tax.		☐ Yes		No
	9. Name and Address of Curre	ent Register	red Agent	J			10. Name at	nd Address of No	nw Register	ed Agent		
					81	Name						1
8ARI	Bara Ketthly				82	Street Ad	idress (P.O. Box N	lumber is Not Acc	eptable1	,		
7301	I TWELVE OAKS BLVD				[82]	Suggi Au	ruesa (r.o. sua i	IGINDON IS THE PRODU	-p-10-,			
TAM	PA FL 33612				83							
										leel :	ip Cod	
					84	City	•		·F	•L1	•	
11. Pursuant office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 607. e of Florida.	,1508, Florida Statu Such change was a action 807 0505, Fix	tes, the a authorized	above d by t	-named co	orporation submits stion's board of dire	this statement for actors. I hereby a	the purpose ccept the ap	pointment a	ts regist	istered ared
SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State of the	port and title if all	openie (NOT	E: Registered	/5a	ir ba	VA (C)	my	DATE	×1/77		<u> </u>
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influence certify that the information supplied with this lamping loses not quality for the exemption stated in Section 119.07(3)(1), Fronda Statutes. I turner certify that the inflormation 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SKONATURE AND TYPED OR PRINTED NAME OF SKONANGOPPICES OF DIRECTOR