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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400060934 (4)

PASADENA LODGE RETIREMENT CENTER, INC.

appears in Block 12 or Block 13 if changed

SIGNATURE:

118 PASADENA ORLANDO FL 3 US		2501 S. BUMBY AVENUE OFILANDO FL 32806-5012							
						3. Date Incorporated or Qualified 08/18/1994	1	ate of Last R 01/1996	eport
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26		_		59-3264836			t Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired S8.75 Additional				
22		27				U. Commode of States Beamer	·	Fee Re	quired
City & State	e	Crty & State	├ ─¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	Countr 30	у			Yes 🔏	No.	199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	istered	Agent	
G00	igins, Daniel J		81	'	Name				
2501 S. BUMBY AVENUE ORLANDO FL 32806				2	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	ANDO I E GEOGO		83	3					
			84	1	City		FL	85 Zip (Code
office or re		te of Florida Such change was a	authorized b	v t		poration submits this statement for the p tion's board of directors. I hereby accep			
SIGNATURE									
	Signature, typed or printed name of registered a			ent	signature requi	ired when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PSTD	☐ DELETE	1.1 TITLE		ļ			Change	Addition
NAME	TUCKER, HARRY T		1.2 NAME						
STREET ADDRESS	2501 S. BUMBY AVENUE		1.3 STREE	TA	DORESS				
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY -	ST-	ZIP				
TITLE		L) DELETE	2.1 TITLE					Change	Addition
NAME			2.2 NAME		1				
STREET ADDRESS			2.3 STREE	et A	DDRESS				
CITY-ST-ZIP			2. 4 CITY-	-ST	- ZIP				
TITLE		☐ DELETÉ	3.1 TITLE					Change	Addition
NAME			3 2 NAME						
STREET ADDRESS			3.3 STREE	ET A	DDRESS				
CITY - ST - ZIP			3.4. CITY	- ST	- ZIP				
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAMI	E	1				
STREET ADDRESS			4,3 STREE	T AI	DDRESS				
CITY - ST - ZIP			4.4 CITY -		· \				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME		_	5.2 NAME					-	
STREET ADDRESS			5.3 STREE		DORESS				
, ,			5.4 CITY-		l				
CITY - ST - ZIP TITLE		DELETE	5.4 CITY-		- LIF			Change	Addition
1 1		Fil percit						-incida	
NAME			6.2 NAME						
STREET ADDRESS			63 STREE	-	1				
CITY OF 713			6.4 C/TV	CT.	_7£D				

14. I do 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