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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 10:59

DOCUMENT # P94000067447 (0)

1. Corporation Name
PARADIGM SENIOR HOUSING SPECIALIST, INC.

Principal Place of Business	Mailing Address
316 W. CENTRAL AVE. WINTER HAVEN FL 33880	316 W. CENTRAL AVE. WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 Suite 500
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26 PO BOX 1181
Suite, Apt. #, etc.: 27
City & State: 28 Winter Haven Fl
Zip: 29 33882 Country: 30 Polk

4. FEI Number: 59-3273431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROOKS, STEPHEN K
340 FIRST STREET, SOUTH
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	FOOTE, ROBERT V	1.2 NAME	Foote, Robert V.
STREET ADDRESS	1776 6TH STREET NW, #105	1.3 STREET ADDRESS	1776 6th St NW #105
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	Winter Haven Fl 33881
TITLE		2.1 TITLE	SECRETARY ☐ Change ☐ Addition
NAME		2.2 NAME	WEYAND, HAROLD S.
STREET ADDRESS		2.3 STREET ADDRESS	2119 RIVERS EDGE COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER FL. 34623
TITLE		3.1 TITLE	TREASURER ☐ Change ☐ Addition
NAME		3.2 NAME	WHITE, PHILIP W.
STREET ADDRESS		3.3 STREET ADDRESS	2214 EMBDEN LN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WHEATON IL. 60187
TITLE		4.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME		4.2 NAME	KAMINSKI, MARGARET A
STREET ADDRESS		4.3 STREET ADDRESS	1524 WINTERBERRY LN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DARIEN IL 60561
TITLE		5.1 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME		5.2 NAME	LEHMAN, RICHARD A
STREET ADDRESS		5.3 STREET ADDRESS	850 SANTA MARIA
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPERVILLE IL 60540
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert V Foote ROBERT V FOOTE 2/22/95 813-297-9769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014703 CP