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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENTOF STATE

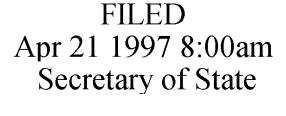
Sandra B. Mortlam

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400076705 (0)

ORLANDO LIVING CENTER, INC.



Principal Place of Business Mailing Address					* THE HADE IN THE BURIL ENDING HERE IN THE	f Baria (Baile Bijlif 1881)	
2721 UINTAH ST 2721 UINTAH ST ORLANDO FL 32805-6270			6270				
					3. Date Incorporated or Qualified	. 3a. Date of La	ast Report
					10/17/1994	06/18/199	a6
├ ─`	Place of Business	2a. Malling Address			4. FEI Number	1 99,191	Applied For
21		26			59-3273442		Not Applicable
Suite Apt.	. #, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	□ \$8.7	75 Additional
22		27			D. Continuoto di Cialga Bearred	Fe	e Required
City & State City & State				6. Election Campaign Financing		.00 May Be	
23		28			Trust Fund Contribution	Add	ded to Fees
Zip	Country	Zip	Cc lry		8. This corporation has liability for		ler s. 199.032,
24	25 9. Name and Address of C	29	30			Yes No	
		Arrent Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
OAMANII, EUAO							
2721 UINTAH ST				Street A	Address (P.O. Box Number is Not Acceptab	ole)	
ORLANDO FL 32805							
			83				
			84	City		85	Zip Code
11 Purcuent	to the provisions of Scotions CO	7.0000		L		FL ⁶⁵	
	registered agent, or both, in the im familiar with, and accept the				corporation submits this statement for the p oration's board of directors. I hereby accep	orpose of changi of the appointmen	ng its registered
SIGNATURE							
46				ent signature	required whon reinstating)	DATE	TO 20 11 40
TITLE	DP OFFICER	S AND DIRECTORS DELETE	13.	т	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
NAME	ROMERO, ROSA L	DELCTE.				L Gla	inge Li Addition 6
STREET ADDRESS	ARIA INSTITUTE OF		1.2 NLME				[8
	00141100 51 00005			ADDRESS			, ŭ
CITY-ST-ZIP TITLE	DV	DELETE	1.4 City - 5 2.1 Tile		57-7-	- Cha	ange Addition Č
NAME	SAMAAN, ELIAS	- John College		ł	P/S/T SAMAAN, ELIAS	Cita	ige L Addition
STREET ADDRESS	AND ARTHURY LANDING		2.2 MME	4855100			
CITY-ST-ZIP	AN AND CL ASSAS		2.3 STREET		4539 CONWAY LANDIN	16-	
TITLE	DS DS	DELETE	2. 4 CTY- 3.1 TILE	ST-7IP	ORIANDO, FC 328	Cha	inge Addition
NAME	ROMERO, ROSA L	Decen				L. Ula	nge 🗀 Addition
STREET ADDRESS	2713 UINTAH ST		3.2 NAME	IDDDEAG			
CITY-ST-ZIP	ORLANDO FL 32805		3.3 STREET	í			
TITLE	DT S2003	DELETE	3.4. CITY -	SI-ZIP		Cha	inge Addition
NAME	SAMAAN, SORAYA	ottere.				[_] CHA	inge La Montroll
STREET ADDRESS	2834 DEL CREST		4. 2 NAME				
	ORLANDO FL 32817			ADDRESS			
CITY-ST-ZIP TITLE	UNLANUU PL 32017	DELETE	4.4 CHY-3	31 - ZIP		Cha	nan I dadisina
NAME		THE DETEIL				LJ Cha	inge 🔲 Addition
			5.2 NAME			•	
STREET ADDRESS			5.3 STREET	t			
CITY-ST-ZIP		DELETE	5.4 O1Y-5	51-ZIP			
TITLE		LI DELETE		1		Cha	inge L Addition
NAME			6.2 NAME				
STREET ADDRESS			G 3 STREE	J			
CITY-ST-ZiP	ny cartify that the information our	nahad with this filing does not a	64 CHY-S	1-ZIP	ated in Section 119.07(3)(i), Florida Statute	o I further a self	that the
QO 11010C	za obiting trial mis innormation \$tt)	pposo with tina tiling does not t	paomy for the exe	สมมายดา 5เ	area in Section 119.07(3)(1), Fiorida Statule	s. i luriner certify.	mat me

4. I do nereby 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE.

SIGNATURE BEOTHER D