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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000076705**

1. Corporation Name

22

23

24

ORIANDO LIVING CENTER, INC.

ONLANDO LIVING CLIVILA, I	ino. Transferigi e filifici General Carlottes
Principal Place of Business	Mailing Address
2721 UINTAH ST ORLANDO FL 32805	2721 UINTAH ST ORLANDO FL 32805
	` .
	12 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business	2a. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28

Country Zip Country Zip

29 9. Name and Address of Current Registered Agent

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90025 037 ***158.75



DO NOT WRITE IN THIS SPACE

×

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

10/17/1994 4. FEI Number

59-3273442

Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

SAM	AAN, ELIAS						
	UINTAH ST	82	Street Addr	ress (P.O. Box Number is N	ot Acceptable)		
	ANDO FL 32805			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	
UND	ANUÇ FL 32003	83			·西斯克克罗克斯		
		84	City		FL	85 Zip C	ode
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t registered agent, or both, in the State of Florida. Such change was autho im familiar with, and accept the obligations of, Section 607.0505, Florida	rized by i	tne corporatio	oration submits this stateme on's board of directors. I her	ent for the purpose of eby accept the appoir	changing its on traction as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi	stered Ageni	t signature require	d when reinstating) * · · .	DATE		
2.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTO	
TLE	PST [] DELETE	1.1 TITLE				Change	Addition Addition
AME	SAMAAN, ELIAS	1.2 NAME		•			
TREET ADDRESS	4539 CONWAY LANDING	1.3 STREET	ADDRESS	•			
ITY-ST-ZIP		1.4 CITY-ST	r-Z i P				
TLE		2.1 TITLE		•		Change	☐ Additio
AME		2.2 NAME					
TREET ADDRESS		2.3 STREET	ADDRESS				
ITY-ST-ZIP		2.4 CITY-S	T-ZIP				
ITLE .	□ DELETE	3.1 TITLE				☐ Change	Additio
AME .		3.2 NAME	1				
TREET ADDRESS		3.3 STREET	ADDRESS				
ΠΥ∙ST-ZiP	<u></u>	3.4. CITY-S	T-ZIP	<u> </u>		**	1 1
ITLE	□ DELETE	4.1 TITLE		1.1.1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change:	Additio
AME ,		4. 2 NAME					
TREET ADDRESS		4.3 STREET	ADDRESS			•	
ITY+ST-ZIP		4.4 CITY-ST	T-ZIP				
ITLE	DELETE	5.1 TITLE				Change	☐ Additio
AME		5.2 NAME					
TREET ADDRESS		5.3 STREET	ADDRESS	_			
TY-ST-ZIP		5.4 CITY-ST	T-ZIP	. * 5.0 5.0			
ITI F	☐ DELETE	6.1 TITLE				Change	Additio

Name

14. 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 appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

1183