Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90045 010 ***150.00

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 # P94000086499

1. Corporation Name

GRAND'S RETIREMENT HOME OF WINTER PARK, INC.

Principal Place	of Business	Mailing Address			41 (21)0 Billi 61616 15110 1211 1051
504 KILSHORE LANE 1725 W. LAKE MARY BLVD. LAKE MARY FL 32789 LAKE MARY FL 32746			DO NOT WRITE IN TH	IS SPACE	
S				11/23/1994	
2. Principal Pl	lace of Business	2a. Mailing Address	-	4. FEI Number	Applied For
21		26		59-3283259	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
	8	City & State -	الماد الله الم	76. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name		
PATEL, KALA			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
504 KILSHORE LANE			1 0 1 1		
WINTER PARK FL 32789			83		
			84 Gity		85 Zip Code
266.000.00	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was all	thorized by the corpor:	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered
office or nagent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the corpora da Statutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered
office or n agent. I at SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation of registered age	of Florida. Such change was au ations of, Section 607.0505, Flori and title if applicable. (NOTE:	thorized by the corpora da Statutes. Registered Agent signature requ	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appuised when remstating) DATE	of changing its registered pointment as registered
office or reagent. I at SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS Al	of Florida. Such change was au ations of, Section 607.0505, Flori ent and title if applicable. (NOTE: IND DIRECTORS	thorized by the corporation Statutes. Registered Agent signature requirements.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered cointment as registered AND DIRECTORS IN 12
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office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation of registered agents of Performance of registered agents	of Florida. Such change was au ations of, Section 607.0505, Flori ent and title if applicable. (NOTE: IND DIRECTORS	Registered Agent signature required 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appuised when remstating) DATE	of changing its registered cointment as registered AND DIRECTORS IN 12
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CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

☐ DELETE

Change

☐ Change

Addition

☐ Addition