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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 14 1997 8:00am

Secretary of State

271.019A

P94000089049 (8)

| MRIM | AGING SERVICES, INC. | | | | | | | | in in il il in il |
|---------------------------------------|--|---|--|------------------|--|--|--------------|----------------|-----------------------------|
| Principal Plac | e of Business | Mailing Address | | | * | | | | |
| 1522 S.W. ABI PORT ST. LUC | ngdon avenue He FL 34953 | P.O. BOX 9615 PORT ST. LUCIE FL 34985-9615 US | | | | | | | |
| 6 Disabat D | | | | | 3. Date Incorporated or Qualified 12/08/1994 | 3a. Date of Last Report 05/01/1996 | | | |
| z. Principal P | lace of Business | 2a. Mading Address | | | | 4. FEI Number | | | pplied For |
| Suite, Apt. | 3 E Bod St Kulie SIND | Suite, Apt #, etc. | | | 65-0545134 | | | ot Applicable | |
| 22 B | | 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| 23 PORT | St Luciu FL | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Zip 24 3495 | | 29 | 29 30 | | | 8. This corporation has liability for intangible tax under s. 199.032, florida Statutes Yes No | | | |
| DI A | 9. Name and Address of Current | Hegistered Agent | | B1 | Mona | 10. Name and Address of New Re | gistered A | gent | |
| | NTON, CARL D | | B1 Name | | | | | | |
| | 2 S.W. ABINGDON AVENUE IT ST. LUCIE FL 34953 | | | 82 | Street Add | et Address (P.O. Box Number is Not Acceptable) | | | |
| | | | ļ. | 83 | | | | | ·· |
| | | | | 84 | City | ٠. | FL | ' | Code |
| 11. Pursuant toffice or reagent. I as | to the provisions of Sections 607.0502 egistered egent, or both, in the State of maintain with, and alcept the obligat | and 607-1508, Florida Stat. I Florida, Such change, was ions of Section 607-0505, F | ites, the ab authorized longar statu | ove by tes | named cor the corpora | rparation submits this statement for the paration's board of directors. I hereby accept | | | ts registered registered |
| SIGNATURE | Signalure, typed or photos name of registeres agent | and to a triplicable (NO | L Hog stort | 12 | t signature requ | uired when reinstating) | 428 | <i>y</i> / | |
| 12. | OFFICERS AND | ···· | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND D | PIRECTO | RS IN 12 |
| TITLE | 0 | ☐ DELETE | 11 1111 | l F | | | 2 | C hange | Addition |
| NAME | BLANTON, CARL D | | 1.2 NA | | | | ALIO | | |
| STREET ADDRESS | 1522 S.W. ABINGDON AVENUE | | 13 518 | RET A | | 191 SE Port St Lucu | | | |
| City-St-ZiP | PORT ST. LUCIE FL 34953 | | 14011 | | ZIP P | ort st Luce FL 34 | 950 | | |
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| STREET ADDRESS | | | | | DORESS | | | | |
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| CITY-ST-ZIP | | | 5.4 C/TY | Y- \$1- | 7:P | | | | |
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| CITY-ST-ZIP | | | 6.4 C(1) | Y - ST - | ZIP | | | | |
| HIIOTHAROI | i indicated on inis annual rebon or su | obiementat annual report is i | true and ac | COUR. | ale and tha | d in Section 119 07(3)(i), Florida Statutes it my signature shall have the same lega ort as required by Chapter 607, Florida S | affoot on it | roado un | أفصلك بطفيم مصام |