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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010013 (7)

| GRACE MANOR, INC. | | | | | | |
|--|--|--|---|--|-------------------------|---|
| Principal Place | e of Business | Mailing Address | | -{ | | |
| 321 E HARVARD STREET — 321 E HARVARD STREET ORLANDO FL 32804 ORLANDO FL 32804-5526 | | CHANGE TO: | | | | |
| | | | \int | 3. Date Incorporated or Qualified | 3a. Date of Last Re | eport |
| | | | V | 02/07/1995 | 01/25/1996 | |
| ├ ─ ┐ ` | lace of Business | 26 1303 WE | BER ST. | 4. FEI Number | | oplied For |
| Suite, Apl | # elc. | Suite, Apt. #, etc. | BER 31. | 59-3293333 | CO 75 | ot Applicable |
| 22 27 | | | | 5. Certificate of Status Desired | Fee Re | |
| City & Stale | 3 | City & State | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | | 28 ORLANDO | 2 FL. | Trust Fund Contribution | Added 1 | |
| Zφ | Country | Zip | Country | 8. This corporation has liability for | | . 199,032, |
| 24 | 25 | | OU.S.A. | | Yes No | |
| | 9. Name and Address of Curren | it Hegistered Agent | 81 Name | 10. Name and Address of New Ro | A A | |
| | IAMMED, WINSTON | | FIRST NAME | NINSTON LAST | MARE /VIOHAMI | MED |
| 321 E HARVARO STREET | | | | ess (P.O. Box Number is Not Accepta | | |
| ORL | ANDO FL 32804 | | 1303 | WEBER ST. | | |
| | | | | | | |
| | | | 84 City | RLANDO | FL 85 Zip (| Code |
| 11 Director | to the provisions of Sections 607.060 | 12 and 607 1509 Etarida Statutor | - | | | 80.3 |
| office or r | egistered agent, or both, in the State | of Florida, Such change was au | thorized by the corporati | oration submits this statement for the on's board of directors. I hereby acce | pt the appointment as | registered |
| agent. La | rs familiar with, and accept the oblig- | ations of, Section 607.0505, Flori | ida Statutes. | | | |
| SIGNATURE | Separ ver typed or printed name of registered ago | ort and title if applicable (NOTE: | Registered Agent signature require | ed when reinstating) | DATE | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFI | | S IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | | Change | ☐ Addition |
| NAME | MOHAMMED, WINSTON | | 1.2 NAME | | | |
| STREET ADDRESS | 321 E HARVARD STREET | | 1.3 STREET ADDRESS | | | |
| CITY - ST - ZIF | ORLANDO FL 32804 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VSD | DELETE | 2.1 TITLE | | Change | Addition |
| NAME | MOHAMMED, GEMMA Z | | 2.2 NAME | | • | |
| STREET ADDRESS | 321 E HARVARD STREET | | 2.3 STREET ADDRESS | | | |
| CITY - S1 - ZIP | ORLANDO FL 32804 | - I BELETE | 2 4 CITY-ST-ZIP | | T-1 & | 1 |
| 1111.6 | | DELETE | 3.1 TITLE | | Change | Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADORESS | | | 3.3 STREET ADDRESS | | | |
| CITY ST-ZIF | | DELETE | 3.4. CITY-ST-ZIP | | Change | Addition |
| NAME | | El Derit | 4.2 NAME | | ☐ cutuge | |
| STREET ASIDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY ST-70° | | | 4.4 CITY-ST-ZIP | | | |
| TILLE | | DELETE | 5.1 TITLE | | Change | ☐ Addition |
| NAME: | | | 52 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| City - ST- ZIP | | | 5.4 CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | | DELFTE | 6.1 TITLE | | Change | Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST ZIF | | | 6.4 CITY - ST - ZIP | | | |
| 14. Ldo herek | by certify that the information supplies in indicated on this appual report or s | d with this filing does not qualify supplemental annual report is tru | for the exemption stated and accurate and that | in Section 119.07(3)(i), Florida Statuti my signature shall have the same leg | al effect as if made un | the der oath: that |
| l am an o | fficer or director of the corporation of h Block 12 or Block 13 if changed, o | r the receiver or trustee empowe | red to execute this repor | t as required by Chapter 607, Florida | Statutes; and that my r | name |