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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010013 (7)

FILED Feb 24 1998 8:00am Secretary of State

GRACE MANOR, INC. Mailing Address Principal Place of Business 1303 WEBER STREET 1303 WEBER ST ORLANDO FL 32603 ORLANDO FL 32803 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1995 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 21 26 Same or Above 59-3293333 Not Applicable Some 00 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Z Fee Required 22 27 City & State \$5.00 May Be City & State 8. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. ΠNo 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOHAMMED, WINSTON 1303 WEBER ST Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32803 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE DELETE 1.1 TITLE MOHAMMED, WINSTON NAME 1.2 NAME 2E034 1303 WEBER ST. MICHEMONIO CONFESI 1.3 STREET ADDRESS STREET ADDRESS FL-32803 PLANESOPLOSSIFLO CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MOHAMMED, GEMMA Z 2.2 NAME NAME 38ABHADHADASTRAEL1303 WEBERET. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO P1.32803 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZiP DELETE Addition TITLE 5.1 THUE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

14. Thereby 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 altachment with an address.