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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 02 1997 8:00am

Secretary of State

Change

\_\_\_ Addition

Socretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000016675 (7)

FLORIDA ADULT CARE ENTERPRISE, INC.

						<b>                                    </b>
Principal Place of Business Mailing Address				T CHARLE BY SIM (D(D) D(S)( ADI() EQ)() SE()	ABABI ULDIO OLIUB BUILI 16901 0111 1661	
890 N DIXIE I HOLLYWOOD US		890 N DIXIE HIGHWAY HOLLYWOOD FL 33020-3906 US				
* •					3. Date Incorporated or Qualified	3a. Date of Last Report
<b>6</b> Date -12 -1	DI				02/28/1995	06/17/1996
<u> </u>	Place of Business	2a. Mailing Address	alling Address		4. FEI Number	Applied For
21 Sulte, Apt. #, etc.		26			65-0616494	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional	
City & State		City & State			Fee Required	
23		h		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	<b>28</b>	Срип	lru	Trust Fund Contribution	Added to Fees
24	25	29	30	,, ,	8. This corporation has liability for in	p∕angible tax under s. 199,032, I Yes □ No
=	9, Name and Address of Currer		190]		10. Name and Address of New Re	
RΛ	SSNER, MICHAEL L			11 Name	141 and who were no At Hebri Upi	Andrew Wilder
	N DIXIE HIGHWAY					
HOLLYWOOD FL 33020			82 Street Add		lress (P.O. Box Number is Not Acceptab	le)
. 110	DE111000 1 E 03020		E	3		
: *						
			8	4 City		FL 85 Zip Code
11. Pursuani	t to the provisions of Sections 607 050	2 and 607 1508. Florida Sta	tutes the abo	we-pamed cor	poration submits this statement for the p tilon's board of directors. I hereby accep	Unacce of changing its registered
SIGNATURE	Signature, typod or praided name of registered age	ent and tide if applicable (N	Fiorida Statul	es.	ired when reinstating)	PATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D DOCUMENT ANGLES	☐ DELETE	1.1 BIU	F		Change Addition
NAME	ROSSNER, MICHAEL L		1 2 NAM	r l		
STREET ADDRESS			1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY	-ST-7IP		
TITLE	D	☐ DETLIE	2.1 TITLE			Change Addition
NAME	MASON, RE'		2.2 NAM	E		
STREET ADDRESS			2.3 S1RE	EL ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TH LE			Change Addition
NAME			3.2 NAM	E.		
STREET ADDRESS			3.3 STRE	£1 ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE 4.1				Change Addition
NAME			4. 2 NAN	ME		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- S1 - ZIP		
TITLE		☐ DELETE	5.1 THU			Change Addition
NAME	1		5.2 NAM	£ 1		

14. I do 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 trusted 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.

63,STREET ADDRESS 64,CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY- \$1-7IP

6 1 TITLE

6.2 NAME

DELETE

CIGNATURE Municipal Roman