

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019286 (0)

1. Corporation Name

PALM TERRACE RESIDENT CARE CORPORATION



Principal Place of Business

Mailing Address

15330 SHERWOOD FOREST DR
TAMPA FL 33647

15330 SHERWOOD FOREST DR
TAMPA FL 33647

EFFECTIVE Nov 30, 1996

2. Principal Place of Business

2a. Mailing Address

21 5121 E. SERENA DR.

26 5121 E. SERENA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A.

27 N/A.

City & State

City & State

23 TAMPA FL.

28 TAMPA FL.

Zip

Zip

Country

Country

24 33617

25 HILLSBOROUGH

29 33617

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMENT, ROBERT T
15330 SHERWOOD FOREST DR
TAMPA FL 33647

81 Name ROBERT J. CLEMENT

82 Street Address (P.O. Box Number is Not Acceptable)

5121 E SERENA DR.

83

84 City TAMPA

FL

85 Zip Code 33617

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 ROBERT J. CLEMENT

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CLEMENT, ROBERT J
STREET ADDRESS 18421 AINTREE CT
CITY-ST-ZIP TAMPA FL 33647

TITLE VS
NAME CLEMENT, ROBERT T
STREET ADDRESS 15330 SHERWOOD FOREST DR
CITY-ST-ZIP TAMPA FL 33647

TITLE T
NAME CLEMENT, BRIAN R
STREET ADDRESS 126 BEVERLY RD
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert J. Clement
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96
83-973-0075
Date Daytime Phone #

CR2E034 (12/95)