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

Mailing Address

1550 SW BROADVIEW ST

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1550 SW BROADVIEW ST



FLORIDA DÉPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000070060 (5)

THE HOME FOR GENTLE PEOPLE, INC.

PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983-2933 3. Date Incorporated or Qualified 3a. Date of Last Report 09/12/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 5.0077369 Applied For APPLIED-21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PHILLIPS-GRILL, CISLYN 81 1550 SW BROADVIEW ST 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34983 83 84 City 85 Zip Code 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** Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE PHILLIPS-GRILL, CISLYN NAME 1.2 NAME 1550 SW BROADVIEW ST STREET ADDRESS 1.3 STREET ADDRESS PORT ST LUCIE FL 34983 1.4 CITY - ST - ZIP CITY-ST-ZIP Backing 63. (Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS

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4. 2 NAME

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6.2 NAME

CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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APPROVED

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- SECLETARY OF STATE TAULAHASSEE, FLORIDA

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