

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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000073447 (1)**
1. Corporation Name
AMERICAN ASSISTED LIVING CORPORATION



Principal Place of Business 360 CENTRAL AVENUE ST. PETERSBURG FL 33701	Mailing Address 360 CENTRAL AVENUE ST. PETERSBURG FL 33701-3857
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1995		3a. Date of Last Report 04/27/1996	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-3354325	Applied For Not Applicable		
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**DELANO, G K
360 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	D - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENKE, ROBERT M	1.2 NAME	Menke, Robert G.
STREET ADDRESS	360 CENTRAL AVENUE	1.3 STREET ADDRESS	360 Central Avenue
CITY-ST-ZIP	ST. PETERSBURG FL 33701	1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	VC-D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, DAVID K	2.2 NAME	
STREET ADDRESS	360 CENTRAL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSSEMAN, EDWIN C	3.2 NAME	Brubaker, Richard M.
STREET ADDRESS	360 CENTRAL AVENUE	3.3 STREET ADDRESS	360 Central Avenue
CITY-ST-ZIP	ST. PETERSBURG FL 33701	3.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANO, G K	4.2 NAME	
STREET ADDRESS	360 CENTRAL AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	4.4 CITY-ST-ZIP	
TITLE	PO <input type="checkbox"/> DELETE	5.1 TITLE	V, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, D E	5.2 NAME	King, Kelly K.
STREET ADDRESS	360 CENTRAL AVENUE	5.3 STREET ADDRESS	360 Central Avenue
CITY-ST-ZIP	ST. PETERSBURG FL 33701	5.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURCAN, STEVEN K	6.2 NAME	
STREET ADDRESS	360 CENTRAL AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	6.4 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 appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Kristin Delano** 2/17/97 (813) 823-4000x4416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)