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FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000073447 (1)

1. Corporation Name

AMERICAN ASSISTED LIVING CORPORATION

Principal Place of Business

Mailing Address

360 CENTRAL AVENUE  
ST. PETERSBURG FL 33701

360 CENTRAL AVENUE  
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1995

4. FEI Number

59-3354325

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DC  
MENKE, ROBERT M  
STREET ADDRESS  
360 CENTRAL AVENUE  
CITY-ST-ZIP  
ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME  
VC-D  
MEEHAN, DAVID K  
STREET ADDRESS  
360 CENTRAL AVENUE  
CITY-ST-ZIP  
ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME  
TD  
HUSSEMAN, EDWIN C  
STREET ADDRESS  
360 CENTRAL AVENUE  
CITY-ST-ZIP  
ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME  
SD  
DELANO, G K  
STREET ADDRESS  
360 CENTRAL AVENUE  
CITY-ST-ZIP  
ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME  
P  
WEBER, D E  
STREET ADDRESS  
360 CENTRAL AVENUE  
CITY-ST-ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
V  
KURCAN, STEVEN K  
STREET ADDRESS  
360 CENTRAL AVENUE  
CITY-ST-ZIP  
ST. PETERSBURG FL 33701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
Y  
BRUBAKER, RICHARD M.  
1.3 STREET ADDRESS  
360 Central Ave.  
1.4 CITY-ST-ZIP  
ST. Petersburg, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME  
D  
MENKE, ROBERT G.  
4.3 STREET ADDRESS  
360 Central Ave.  
4.4 CITY-ST-ZIP  
St. Petersburg, FL 33701

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

1/30/98 812 888 1000 1111

CR2E034 (10/97)