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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000073910 (8)

EVERGREEN MANOR RETIREMENT HOME, INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 26 1997 8:00am Secretary of State



3297 STATE RUAD 580 SAFTY HARBOR FL 34695 US	3348 LAKE SHORE LANE CLEARWATER FL 34621-1708	ı	9 Date Incorporated or Qualified	Se Data of Lost Popul
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3297 S.R. 580		Shore lane	65-0627559	Not Applicable
Suite, Apf. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 Sofety Harbor, FL	City & State  28 C Rarwate		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
2ip   Country   Country   24   34675   25   Pine   9. Name and Address of Current	21p 29 346:21 3	country pine 11 as		Yes 🖳 No
2040 LAVE CHARE LANE				
CLEARWATER FL 34621		82 Street Addre	eet Address (P.O. Box Number is Not Acceptable)	
OLLAWAYEN I E 04021		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the p	urnose of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligati	Florida Such change was aut ons of, Section 607.0505, Florid	horized by the corporati da Statutes.	ion's board of directors. I hereby accep	t the appointment as registered
	using			116/1997
Signavo Typed or profed name of registered ager  12. OFFICERS AND		legistered Agent signature require		DATE
THE PSTD	DIFLETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME KAPUSINSKY, YEE-CHUN	B	1.2 NAME		Control of the state of the sta
STREET ADDRESS 3348 LAKE SHORE LANE		1.3 STREET ADDRESS		
CITY ST 20: CLEARWATER FL 34621		1.4 CITY - ST - ZIP		13
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADORESS		2.3 STREET ADDRESS	•	
C(TY-S1-ZIP		2. 4 CITY - ST - ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
C(TY-S1-20)	DELETE	3.4. CITY - ST - ZIP		C Observed C Addition
NAME	□ btttit	4.1 TITLE		Change Addition
STREEL ADDRESS	. 4	4.2 NAME 4.3 STREET ADDRESS		
City St. zip		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CHY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
C TY+ST+ZIP		6.4 CITY-ST-ZIP		

information indicated on this annual report or 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.