

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 08 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 # **P95000084615 (0)**

1. Corporation Name

THE ADULT CARE ALLIANCE GROUP, INC.



Principal Place of Business

**3146 JOHN P. CURCIE DR.
BAY 1
PEMBROKE PINES FL 33009**

Mailing Address

**P.O. BOX 630219
MIAMI FL 33163-0219**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1995

4. FEI Number

65-0625612

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

2a. Mailing Address

21 2230 SW 70th AVE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 9

27

City & State

City & State

23 DAVIE, FL

28

Zip

Zip

24 33317

29

Country

Country

25 USA

30

9. Name and Address of Current Registered Agent

**GLODMAN, PAUL
3146 JOHN P. CURCIE DR.
BAY 1
PEMBROKE PINES FL 33009**

10. Name and Address of New Registered Agent

81 Name

GOLDMAN, PAUL

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

2230 SW 70th AVE #9

83

84 City

DAVIE

FL

85 Zip Code

33317

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, am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/30/98

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD ☐ DELETE

GOLDMAN, ARLENE

3146 JOHN P. CURCIE DR.

PEMBROKE PINES FL 33009

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD ☐ DELETE

GOLDMAN, PAUL S

3146 JOHN P. CURCIE DR.

PEMBROKE PINES FL 33009

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PS D ☒ Change ☐ Addition

ARLENE GOLDMAN

2230 SW 70th AVE #9

DAVIE, FL 33317

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VPD ☒ Change ☐ Addition

PAUL GOLDMAN

2230 SW 70th AVE #9

DAVIE, FL 33317

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

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 unchanged, or on an attachment with an address.

SIGNATURE:

PAUL GOLDMAN

6/30/98

954-475-1386

CR2E034 (5/98)