

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

FILED  
May 05 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 # P96000022054 (6)

1. Corporation Name  
VOLUSIA ASSISTED LIVING, INC.

Principal Place of Business

ONE JOHN ANDERSON DR  
UNIT 709  
ORMOND BEACH FL 32176  
US

Mailing Address

P.O. BOX 15110  
DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

59-3367075

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$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.

City & State

23 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip 30 Country

9. Name and Address of Current Registered Agent

ROST, SCOTT R  
444 SEABREEZE BLVD SUITE 800  
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name: Donald A. Haas  
82 Street Address (P.O. Box Number is Not Acceptable): One John Anderson Dr.  
83 Unit 709  
84 City: Ormond Beach, F FL 85 Zip Code: 32176

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

*Donald A. Haas*

DONALD A. HAAS

4-28-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HAAS, DONALD A	1617 RIDGEWOOD AVE SUITE F	HOLLY HILL FL 32117	<input type="checkbox"/>
D	SAMUELS, LOUIS	600 CARSWELL AVE	HOLLY HILL FL 32117	<input type="checkbox"/>
D	SCHWARZ, BUDD S	57 HILLS LANE	WESTPORT CT 06880	<input type="checkbox"/>
D	WEBER, KALLY A	10 ST JOHNS PLACE	ORMOND BEACH FL 32176	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Donald A. Haas* DONALD A. HAAS

4-28-98 904-627-7323

CR2E034 (10/97)