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FILED
May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000031711 (0)

1. Corporation Name

THE HIBISCUS HOME FOR SENIORS & ADULT DAY CARE I
NC.

Principal Place of Business

420 CRESCENT CIRCLE
LAKE PARK FL 33403

Mailing Address

420 CRESCENT CIRCLE
LAKE PARK FL 33403-2206



3. Date Incorporated or Qualified
04/08/1996

3a. Date of Last Report
INITIAL REPORT

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 N/A

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 N/A

28 City & State

29 Zip Country

4. FET Number

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HAYNES, VERA A
420 CRESCENT CIRCLE
LAKE PARK FL 33403

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 VERA A. HAYNES

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME HAYNES, VERA A
STREET ADDRESS 420 CRESCENT CIRCLE
CITY-ST-ZIP LAKE PARK FL 33403

TITLE
NAME NONE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME NONE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME NONE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME NONE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME NONE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

CR2E034 (9/96)