

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

FILED

Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000043054 (1)

1. Corporation Name

AZURE HOUSE ALF, INC.



Principal Place of Business

8623 REGENCY PARK BLVD.
PORT RICHEY FL 34868

Mailing Address

8623 REGENCY PARK BLVD.
PORT RICHEY FL 34868-5742

3. Date Incorporated or Qualified

05/13/1996

3a. Date of Last Report

2. Principal Place of Business

21 6306 OELSNER STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

NEWPORT RICHEY FL

28 City & State

29 City & State

24 Zip

34652

25 Country

PASCO

29 Zip

29 Zip

30 Country

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

ADDESSI, MICHAEL V
C/O NETWORK BUSINESS SOLUTIONS, INC.
8623 REGENCY PARK BLVD.
PORT RICHEY FL 34868

10. Name and Address of New Registered Agent

81 Name

MICHAEL LOPEZ

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

6306 OELSNER STREET

83

84 City

NEWPORT RICHEY

FL

85 Zip Code

34652

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

Eleanor P. Lopez *Eleanor P. Lopez* *Michael D. Lopez* *Michael D. Lopez*

Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

DATE 3/12/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MICHAEL LOPEZ

STREET ADDRESS 6306 OELSNER STREET

CITY-ST-ZIP NEWPORT RICHEY, FL 34652

TITLE ☐ DELETE

NAME ADMINISTRATOR

STREET ADDRESS 6306 OELSNER STREET

CITY-ST-ZIP NEWPORT RICHEY, FL 34652

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME MICHAEL LOPEZ

13 STREET ADDRESS 6306 OELSNER STREET

14 CITY-ST-ZIP NEWPORT RICHEY, FL 34652

21 TITLE ☐ Change ☒ Addition

22 NAME ELEANOR LOPEZ

23 STREET ADDRESS 6306 OELSNER STREET

24 CITY-ST-ZIP NEWPORT RICHEY, FL 34652

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE: X

Eleanor P. Lopez *Eleanor P. Lopez* *Michael D. Lopez* *Michael D. Lopez*

3/12/97

CR2E034 (9/96)