

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90111 037 ***150.00

DOCUMENT # P96000047290

1. Corporation Name
SENIOR LIVING NETWORK, INC.

Principal Place of Business
4731 NW 5TH CT
COCONUT CREEK FL 33063

Mailing Address
4731 NW 5TH CT
COCONUT CREEK FL 33063



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1996

4. FEI Number
65-0674083

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6408 RALEIGH ST

26 4630 S. KIRKMAN RD

22 Suite, Apt. #, etc.
#2402

27 Suite, Apt. #, etc.
#408

23 City & State
ORLANDO, FL

28 City & State
ORLANDO, FL

24 Zip
32835

29 Zip
32811-2802

25 Country
ORANGE

30 Country
ORANGE

9. Name and Address of Current Registered Agent

POWERS, CARON
4731 NW 5TH CT
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name CARON POWERS
82 Street Address (P.O. Box Number is Not Acceptable)
315 TANGLE RUN BLVD #1012
83
84 City MELBOURNE FL 85 32940

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

Caron Powers

4/15/99

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

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE
NAME POWERS, CARON
STREET ADDRESS 4731 NW 5TH CT
CITY-ST-ZIP COCONUT CREEK FL

TITLE VD ☐ DELETE
NAME GOLDBERG, SARAH STUMP
STREET ADDRESS 6408 RALEIGH ST, APT 2402
CITY-ST-ZIP ORLANDO FL 32835

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

1.1 TITLE PDS ☒ Change ☐ Addition
1.2 NAME POWERS, CARON
1.3 STREET ADDRESS 315 TANGLE RUN BLVD #1012
1.4 CITY-ST-ZIP MELBOURNE, FL 32940

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME GOLDBERG, SARAH STUMP
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Caron Powers President

4/15/99

407-230-8533

Date Daytime Phone #

CR2E034 (11/98)

0159162