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

PROFIT Corporation Annual Report

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068075 (6)

SERENITY GARDENS ASSISTED LIVING, INC.

Principal Place of Business Mailing Address 2689 STIRLING RD 2699 STIRLING RD SUITE A302 SUITE A302 FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0687232 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SIGNORE, DEBRA R 2699 STIRLING RD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE A302** FT LAUDERDALE FL 33312 83 City Zip Code 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 byin, 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 juntiliar with, and accept the higations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. VSI DELETE Addition TITLE 1.1 10116 ☐ Change SIGNORE, DEBRA R 1.2 NAME 2699 STIRLING RD STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY-\$1-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ROGERS, ANGUS C NAME 2.2 NAME 615-F HERNDON AVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-\$1-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 corp lation 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 attachy) in with an address.

DEBRA R. SIGNORE