

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90022 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000070220

1. Corporation Name

Retirement Centers of Florida, Inc.

Principal Place of Business

Mailing Address

1342 Holly Heights Drive

Fort Lauderdale, Florida 33304

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/96

2. Principal Place of Business

21 1342 Holly Heights Dr

2a. Mailing Address

26 Same

4. FEI Number

65-0689226

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

23 Ft. Lauderdale, Fl

City & State

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

Zip

24 33304

Country

25 Broward

Zip

29

Country

30

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes☐ No

9. Name and Address of Current Registered Agent

Rafael R. Perez

5301 Alhambra Circle

Coral Gables, Florida 33146

10. Name and Address of New Registered Agent

81 Name

Rafael R. Perez

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

5301 Alhambra Circle

83

84 City

Coral Gables

FL

85 Zip Code

33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/25/99

12. OFFICERS AND DIRECTORS

TITLE Owner

☐ DELETE

NAME Rafael R. Perez

STREET ADDRESS 5301 Alhambra Circle

CITY-ST-ZIP Coral Gables, Fl 33146

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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

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:

05/12/99

(954) 763-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)