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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087836 (8)

HANNA OAKS ALF, INC.

	OARO ALE, INO			
Principal Plac	e of Business	Mailing Address		T TO BELLEGI AND TO 1944 DISH OF HELL BOLLS DO FOR THE FOLLOWING THE PROPERTY OF THE PROPERTY
2425 EAST H TAMPA FL 33		750 STARKEY ROAD LARGO FL 34641		DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualified
				10/24/1996
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number Applied For
21		26		59-3405674 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
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 🗌 No
	g. Name and Address o	f Current Registered Agent		10. Name and Address of New Registered Agent
PIT	CHFORD, JAN W		81 Name	CYLITTING C ELLIS
240	O S. PINEAPPLE AVENUE		82 Street A	Address (P.O. Box Number is Not Acceptable)
TEI	nth floor			201 N. FRANKlin St.
SA	RASO TA FL 34236		83	ste, 2700
			84 City	as Zin Code
				TAMPA FL " 37602
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, Florida St	atutes, the above-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. Fa	registered agent, or boin, in t im familiar with, and accept t	he obligations of, Section 607.0505	i, Florida Statutes.	poration's board of directors. Thereby accept the appointment as registered
SIGNATURE	CELL	1		4/29
	Signature, typed or printed name of reg	gistered agoni and title if applicable	(NOTE: Registered Agent signature	(Gruined when reinstatura) DATE
12.	OFFIC	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OFFIC D		13.	
TITLE NAME	OFFIC D Moses, Michael	ERS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OFFIC D Moses, Michael 750 Starkey Road	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFIC D MOSES, MICHAEL 750 STARKEY ROAD LARGO FL 34641	ERS AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET AODRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
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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 13 if changed, or on an attachment with an address.

OLONIATURE.

4/13/98

(813)585-7381

FILED

May 08 1998 8:00am

Secretary of State