## 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

## DOCUMENT # P96000088159

1. Corporation Name

ASSISTED LIVING NETWORK, INC.

Principal Place	e of Business	Mailing Address							
14331 60TH STE	REET NORTH	14331 60TH STREET NO	RTH						•
CLEARWATER F	FL 33760	CLEARWATER FL 33760				50.00			
us		US			$\vdash$		WRITE IN TH	IIS SPACE	
						<ol> <li>Date Incorporated or Qua 10/21/1996</li> </ol>	litea	•	
2. Principal Pl	lace of Business	2a. Mailing Address			- [	4, FEI Number		App	lied For
21		26				59-341094 <u>3</u>		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desire	ed 🗆	\$8.75 A	
22		27		1	5. Certificate of Status Desire	Bu 🗆	Fee Rec	uired	
City & State	e	City & State			1	6. Election Campaign Finance	cing _	\$5.00	vlay Be
23		28			l l	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Count	lry		8. This corporation owes the	current year	Intangible	
24	25	29	30			Personal Property Tax.			□No
· ·	9. Name and Address of Curren	nt Registered Agent			1	0. Name and Address of N	ew Register	ed Agent	
			8	31 Name			· <del></del>		
SAR	gent, diane		<u> </u>			10.0.0. N Ivee In Mark A.		<del>.</del>	
1433	11 OTH STREET NORTH		.  8		Address	(P.O. Box Number is Not Ac	ceptable)	7rJ	
3	ARWATER FL 33760		. 8	33	15/	160111 01.000	10070	-1 · <u>1</u>	_
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			8	34 City			F	85 Zip C	ode
		1007 4500 51-34-04	11. 4			in automont fo		<b>-</b> }	ragistared
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was	itutes, the abo	ove-named o	corporat oration's	board of directors. I hereby:	eccept the ap	pointment as red	istered
Office or re				ov the corbo					
Office or re	m familiar with, and accept the obliga	tions of, Section 607.0505, I	Florida Statut	by the corpo es.	3144541	board or anodiorer merety			
office or re agent. I as	m familiar with, and accept the obliga	tions of, Section 607.0505, I	Florida Statut	es.	, augus	board of directors and only s			
Office or re	m familiar with, and accept the obliga	nt and title if applicable. (NO	Florida Statut	es.		an reinstating)	DATE		
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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 opporation or the receiver of 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 attachargent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

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