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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099514 (7)

GLEN ARDEN MANOR, INC.

Principal Place of Business	Mailing Address	
1801 MONTGOMERY AVE HOLLY HILL FL 32117	1601 MONTGOMERY AVE HOLLY HILL FL 32117-1525	
		3, Date Incorporated or Qualified 12/10/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number

FILED Apr 25 1997 8:00am Secretary of State

3a. Date of Last Report



21 /601 Montgomery Suite, Apt. #, etc.	Aue :	26 1601 ment Suite, Apt #, etc.	40mle	ay Au	59-3418445	Not Applicable
	F	_1			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		· · · · · · · · · · · · · · · · · · ·		
23 Nolly Hill 1	こん. :	28 Holly 14.16		FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 32117 25 Volu	SIA	^{ブip} 29 32/17	Country 30 しの	lusia	8. This corporation has liability for intangible Florida Statutes Yes	tax under s. 199.032. ☐ No
p, Name and Address of	of Current Re	gistered Agent			10. Name and Address of New Registered	Agent
STRANGE, WILLIAM		81	Name			
212 TAYLOR AVE			62	Street Add	dress (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH FL 32114		L	i	(
			83			
			84	City		85 Zip Code
*			*`	0.0	FL.	100 Elp 0000
11. Pursuant to the provisions of Sections	607.0502 an	nd 607,1508, Florida Statute	s, the abov	e-named cor	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered
agent. I am familiar with, and accept	the obligation	is of, Section 607.0505, Floi	rida Statute	y the corpora is:	ation's board or directors, Thereby accept the app	oiniment as registered
SIGNATURE					:	1
Signature, typed or printed name of re				ent signature requi	ired when reinstating) DATE.	
	CERS AND DI		13.	·	ADDITIONS/CHANGES TO OFFICERS AND	
· · · · · · · · · · · · · · · · · · ·	r seev	Ecary Dittile	1.1 TITLE			Change
NAME Ann Smit	7 4		1.2 NAME			}
STREET ADDRESS 1601 Mont	gome	مع مرد		T ADDRESS]
CITY-ST-ZIP	$\mathcal{L}_{\mathcal{L}}$	Casuma DELETE	1.4 CITY-5	ST - ZIP		Change Addition
			2 1 1111.15			Change
NAME William A	4. SE	range	2 2 NAME			
STREET ADDRESS 16 01 Mont	gomer	19 Ave 32117		1 ADDRESS		
CITY-ST-ZIP HOLLY HOLL	4 <u> </u>	DELETE	2 4 CHY-	SI-ZIP		Change Addition
NAME		Land Detects	3.2 NAME			Criange Realmon
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE	31-21		Change Addition
NAME		_ · · · ·	4. 2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-SI-ZIP			4.4 CITY - S			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			1
STREET ADDRESS			5 3 STREET	r address		
CITY-\$T-ZIP			54 CITY-9			1
TITLE		☐ DELETE	6 1 1 M L E			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	1 ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	J		}
	n supplied wit	th this filing does not qualify			ed in Section 119,07(3)(i), Florida Statutes. I further	certify that the

information indicated on this annual report or supplies and installed 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 an attachment with an address.

SIGNATURE: WALK SA STITLE WILLIAM H

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4/8/97

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