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

**PROFIT** CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000100832 (0)

AURORA HOUSE, INC.

FILED May 11 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 14355 HIGHGROVE ROAD -2445-N-ORAGLE-ROAD **BROOKSVILLE FL 34809** TUSCON AZ 85705 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3419676 Not Applicable 21 Sulte, Apt. #, etc \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name Pamela S Henley Johnson 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 62 **PLANTATION FL 33324** 8292 Berkeley Manor Blvd 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.3608. Florida Statules, 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 Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered statules. City Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE HENLEY JOHNSON, PAMELA S NAME 1.2 NAME 14355 HIGHGROVE ROAD STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL 34609** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 corporation or the receiver or trusted 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 altractypical with an address.