

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000008707 (6)

1. Corporation Name

AMORE' ASSISTED LIVING, INC.



Principal Place of Business

Mailing Address

~~200 DISIELAND DRIVE~~
~~APARTMENT 4~~
~~FORT PIERCE FL 34982~~

~~200 DISIELAND DRIVE~~
~~APARTMENT 4~~
~~FORT PIERCE FL 34982~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

65-0767409

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 200 DIXIELAND DRIVE

26 16 TERRIWINKLE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. #4

27

City & State

City & State

23 FORT PIERCE, FL

28 STUART, FL

Zip

Country

Zip

Country

24 34982

25

29 34996

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOER, SONIA E
~~200 DISIELAND DRIVE~~
~~APARTMENT 4~~
~~FORT PIERCE FL 34982~~

(Same agent) →

81 Name HOER, SONIA E.

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

16 TERRIWINKLE LANE

83

84 City STUART

FL

85 Zip Code 34996

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HOER, SONIA E
STREET ADDRESS 16 TERRIWINKLE LANE
CITY-ST-ZIP STUART FL 34996

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME HOER, PHILLIP A
STREET ADDRESS 16 TERRIWINKLE LANE
CITY-ST-ZIP STUART FL 34996

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, 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.

SIGNATURE

SIGNATURE OF REGISTERED AGENT (12/98) 5/12/98 5/12/98

CR2E034 (5/98)