

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

FILED

Mar 17 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 # **P97000014560 (1)**

1. Corporation Name

ADULT CARE DEVELOPMENT CORP.

Principal Place of Business

**311 PARK PLACE BLVD., SUITE 225
CLEARWATER FL 34619**

Mailing Address

**311 PARK PLACE BLVD., SUITE 225
CLEARWATER FL 34619**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1997	
21		26	13160 110th Ave N.	4. FEI Number	59-3426611
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28	Largo, FL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29	33774		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PIAZZA, JOHN J SR. 311 PARK PLACE BLVD., SUITE 225 CLEARWATER FL 34619				81	Name John J. Piazza, Sr.
				82	Street Address (P.O. Box Number is Not Acceptable) 13160 110th Ave N.
				83	
				84	City Largo
				85	Zip Code FL 33774

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)

3/3/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Pres - Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, JOHN J SR.	1.2 NAME	John J. Piazza Sr.
STREET ADDRESS	311 PARK PLACE BLVD., SUITE 225	1.3 STREET ADDRESS	13160 110th Ave N.
CITY-ST-ZIP	CLEARWATER FL 34619	1.4 CITY-ST-ZIP	Largo, FL 33774
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V-P Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Vincent J. Lentini
STREET ADDRESS		2.3 STREET ADDRESS	13160 110th Ave. N.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Largo, FL 33774
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V-P - Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Rosemary E. Piazza
STREET ADDRESS		3.3 STREET ADDRESS	13160 110th Ave. N.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Largo, FL 33774
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secy. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Rita A. Lombardi
STREET ADDRESS		4.3 STREET ADDRESS	13642 Serena Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Largo, FL 33774
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 on an attachment with an address.

SIGNATURE: 

3/3/98

(813) 725-8089

CR2E034 (10/97)