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FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000021986 (9)**

1. Corporation Name:

GULF COAST ASSISTED LIVING SERVICES, INC.



Principal Place of Business

**534 SE 32ND TERRACE
CAPE CORAL FL 33904**

Mailing Address

**534 SE 32ND TERRACE
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1997

4. FEI Number

65-0786354

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 **MA**

2. Principal Place of Business

21 534 SE 32nd TER.

Suite, Apt. #, etc.

22

City & State

23 CAPE CORAL FL

24 33904

25 Lee

2a. Mailing Address

26 534 SE 32nd Ter

Suite, Apt. #, etc.

27

City & State

28 CAPE CORAL FL

29 33904

30 Lee

9. Name and Address of Current Registered Agent

**GRAF-GOMEZ, JULIE A
534 SE 32ND TERRACE
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name

JULIE A GRAF GOMEZ

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

534 SE 32nd TERRACE

83

84 City

CAPE CORAL

FL

85 Zip Code

33904

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed, printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**JULIE A GRAF
534 SE 32nd Terrace
CAPE CORAL FL 33904**

President / Secretary

President / Secretary

President / Secretary

President / Secretary

President / Secretary

President / Secretary

President / Secretary

President / Secretary

President / Secretary

President / Secretary

President / Secretary

President / Secretary

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NONE

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 **Deborah A. Northrup** 3/13/98 (941) 574-8266

CR2E034 (10/97)