

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG 26 PM 12:41

DOCUMENT # P97000067945

1. Corporation Name

TOUCH OF LOVE RETIREMENT, INC.

Principal Place of Business

Mailing Address

10132 NW 23rd Street  
Coral Springs, FL 33065

10132 NW 23rd Street  
Coral Springs, FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bobsilyn Greaves  
10132 NW 23rd Street  
Coral Springs, FL 33065

81 Name

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

000002974638--7

83

-08/31/99--01037--014

84 City

\*\*\*\*\*61-25 FL Zip Code

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 Bobsilyn Greaves  
Signature, typed or printed name of registered agent and title if applicable.

Bobsilyn Greaves  
(NOTE: Registered Agent signature required when reinstating)

8/25/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME Greaves, Bobsilyn  
STREET ADDRESS 10132 NW 23rd Street  
CITY-ST-ZIP Coral Springs, FL 33065

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

TITLE VP ☐ DELETE  
NAME McKenzie, Robert  
STREET ADDRESS 10132 NW 23rd Street  
CITY-ST-ZIP Coral Springs, FL 33065

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

TITLE S ☒ DELETE  
NAME Greaves, Nicole  
STREET ADDRESS 10132 NW 23rd Street  
CITY-ST-ZIP Coral Springs, FL 33065

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME McKenzie-John, Koren  
3.3 STREET ADDRESS 10132 NW 23rd Street  
3.4 CITY-ST-ZIP Coral Springs, FL 33065

TITLE T ☒ DELETE  
NAME Greaves, Bobsilyn  
STREET ADDRESS 10132 NW 23rd Street  
CITY-ST-ZIP Coral Springs, FL 33065

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Duncan, Delores  
4.3 STREET ADDRESS 5312 NW 67th Avenue  
4.4 CITY-ST-ZIP Lauderhill, FL 33313

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 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, with all other like empowered.

SIGNATURE: Bobsilyn Greaves Bobsilyn Greaves 08/25/99 (954)747-4491  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)