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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

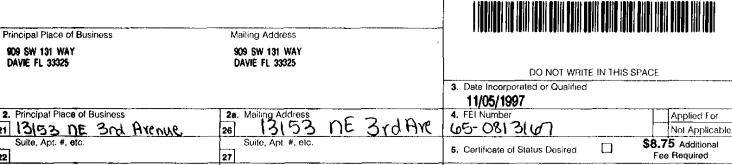
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095143 (8)

GREENACRES ESTATES RETIREMENT HOME, INC.

Principal Place of Business Mailing Address 909 SW 131 WAY 909 SW 131 WAY DAVIE FL 33325

FILED Apr 10 1998 8:00am Secretary of State



Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State North Miami Fl	28 North Mami FC			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip Country 25 USA	29 33161 30 Con	untry	USA	This corporation owes or has personal Property Tax due June		irrent year Intangible ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
SOTO, IRENE		81	Name					
909 SW 131 WAY DAVIE FL 33325		82 Street Address (P.O. Box Number is Not Acceptable)						
		83			_			
		84	City			85 Zip Code		

				Oity			FL	63 21	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 familia, with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	le (NOIL: Ben	islared Apen	t signature required whe	en reinstation)	4/ <u>U</u>	DATE	-		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHA	NGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	0		1.1 TITLE	1				Change	Addition	
NAME	SOTO, IRENE		1,2 NAME							
STREET ADDRESS	909 SW 131 WAY	<u> </u>	1.3 STREET A	DDBESS						
CITY-ST-ZIP	DAVIE FL 33325	a	1.4 CITY-ST	i						
TITLE		7	2.1 117LE		·		- · · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	ANDERSON, BEVERLY W	7 -	2.2 NAME							
STREET ADDRESS	13135 NW 3 AVE		2.3 STREET A	DORESS					1	
CITY-ST-ZIP	NO MIAMI FL 33131		2. 4 CITY - ST	-ZIP						
TITLE			3.1 TITLE				1	Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS	•		3.3 STREET A	ODRESS						
CITY-ST-ZIP			3.4. CITY-SI	- ZIP					1	
TITLE		DELETE	4.1 TITLE				[Change	Addition	
NAME		į	4. 2 NAME	l					į	
STREET ADDRESS		ľ	4.3 STREET A	DDRESS						
CITY - ST - ZIP			4.4 CITY - ST	ZIP						
TITLE		DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME	ŧ						
STREET ADDRESS			5.3 STREET A	DDRESS					- 1	
CITY-ST-ZIP			5.4 CITY - ST-	ZIP						
TITLE		DELETE	6.1 TITLE					Change	☐ Addition	
NAME			6.2 NAME]					ĺ	
STREET ADDRESS			6.3 STREET A	DDRESS						
				1						

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.

4/1/08

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