

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90013 040 ***150.00

DOCUMENT # P97000108774

1. Corporation Name

MEDINA ALF, INC.

Principal Place of Business

1675 PALM BEACH LAKES BLVD., SUITE 1002
W. PALM BEACH FL 33401

Mailing Address

1675 PALM BEACH LAKES BLVD., SUITE 1002
W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1997

4. FEI Number

65-0805102

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ERBEY, JOHN R
1675 PALM BEACH LAKES BLVD., SUITE 1002
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ERBEY, WILLIAM C**
STREET ADDRESS **1675 PALM BEACH LAKES BLVD., SUITE 1002**
CITY-ST-ZIP **W. PALM BEACH FL 33401**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME **P**
STREET ADDRESS **CHRISTINE A. REICH**
CITY-ST-ZIP **1675 PALM BEACH LAKES BLVD.**
WEST PALM BEACH, FL 33401

3.1 TITLE ☐ Change ☒ Addition

NAME **V**
STREET ADDRESS **JOHN R. BARNES**
CITY-ST-ZIP **1675 PALM BEACH LAKES BLVD.**
WEST PALM BEACH, FL 33401

4.1 TITLE ☐ Change ☒ Addition

NAME **V**
STREET ADDRESS **TRINI L. DONATO**
CITY-ST-ZIP **1675 PALM BEACH LAKES BLVD.**
WEST PALM BEACH, FL 33401

5.1 TITLE ☐ Change ☒ Addition

NAME **V**
STREET ADDRESS **RICHARD DELGADO**
CITY-ST-ZIP **1675 PALM BEACH LAKES BLVD.**
WEST PALM BEACH, FL 33401

6.1 TITLE ☐ Change ☒ Addition

NAME **AS**
STREET ADDRESS **TIMOTHY J. REYNOLDS**
CITY-ST-ZIP **1675 PALM BEACH LAKES BLVD.**
WEST PALM BEACH, FL 33401

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 as an attachment with an address.

SIGNATURE: **JOHN R. BARNES, SVP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

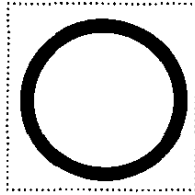
7/20/99 561-682-8000

Date Daytime Phone #

CR2E034 (5/99)

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O C W E N

July 20, 1999

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Medina ALF, Inc.

Enclosed you will find the 1999 Annual Report. This letter is a request for the waiver of the late fees, as the original Annual Report packet was never received in our office. Please note that the annual fees have always been paid on a timely basis and your consideration is greatly appreciated.

Please contact me at 561-682-8797 if you have any questions or comments.

Sincerely,

Cherryl Kirby

Enclosures

544731-70015-70
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MEDINA ALF, INC.

"EXHIBIT A"

William C. Erbey	Chairman of the Board and Chief Executive Officer
Christine A. Reich	President
John R. Erbey	Senior Managing Director and Secretary
John R. Barnes	Senior Vice President
Trini L. Donato	Senior Vice President and Assistant Secretary
Thomas K. McCarthy	Senior Vice President
Mark S. Zeidman	Senior Vice President and Chief Financial Officer
Richard Delgado	Vice President and Treasurer
Stephen R. Krallman	Vice President
Andrea M. Mattei	Vice President
Timothy J. Reynolds	Assistant Secretary