PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90160 045 ***150.00

DOCUMENT # 1. Corporation Name	P98000040991

FLORIDA ASSISTED LIVING MANAGEMENT, INC.

1201801	A ASSISTED LIVING WANA	GEMEN	II, INC.							
Principal Plac	a of Business	Ma	iling Address				- I fabrioùt in ealbh (brin porte ariet ansin anns err	re di titil ellet i	fiffi simt ikmi	
2699 STIRLING		269	9 STIRLING ROAD #A3	n2			[
FORT LAUDERO			IT LAUDERDALE FL 33				DO NOT WORK IN TURE OF	DACE		
							DO NOT WRITE IN THIS SI	PACE		1
							3. Date Incorporated or Qualifed			}
			***				05/06/1998 4. FEI Number	T 1	plied For	ł
	tace of Business	⊢	Mailing Address				65-0833115		Applicable	}
21		26	Suite, Apt. #, etc.				05-0033(15)	\$8.75	 _	ł
Suite, Apt.	#, etc.	<u> </u>	Suite, Apr. +, dic.				5. Certificate of Status Desired	Fee Re		ļ
22	·	[27]	City & State				6. Election Campaign Financing	\$5.00		1
City & Stat	(8	28	City & State				Trust Fund Contribution	Added t] -
23	Country		Zip	Col	untry		8. This corporation owes the current year Intan		<u> </u>	1
Zip		29	p	30	,			Yes	□No	l
24	9. Name and Address of Curre	1	ered Agent	1201	Т		10. Name and Address of New Registered Ag	ent		1
	J. Halles and Magnets at walle	.,,c reagio			81	Name				
SIGN	NORE-SAVAGE, DEBRA									ł
	STIRLING ROAD #A302			-	82	Street Addre	ss (P.O. Box Number is Not Acceptable)			ļ
FOR	T LAUDERDALE FL 33311				83					1
	• • • • • • • • • • • • • • • • • • • •									l
,					84	City	FL	85 Zip (0000	l
11 Burewant	to the provisions of Sections 607 05	02 and 60	7.1508. Florida Statut	es. the s	bove	-named corpo	ration submits this statement for the purpose of chars board of directors. I hereby accept the appointm	anging its	registered	1
offica or r	egistered agent, or both, in the State	of Florid	a. Such change was a	uthorize	d by	the corporation	n's board of directors. I heraby accept the appointment	nent as req	jistered	ĺ
agent. 1 a				nua sta	FU LIBES.	•	4-16-	99		ł
SIGNATURE	Significates, typed or printed name of physicared ago	ens and title if	SOUTE (NOTE	Registere	d Agen	t signature required		3) "
12.	OFFICERS A	NO DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO		11/8
TILE	Pres. , VPres. Ser. , Trea	SHER	- DELETE	1.1 T	ITLE			_] Change	Addition	
NAME	DEBPA SIGNORE-SAVA	ce		1.2 N	MME					F034
STREET ADDRESS		302		1		ADDRESS				
CITY-ST-ZIP				1.33	HEE	ALUKESS				<u>با</u> ا
	I FT. LAUDERIDALE F	733	312	1	ITY-ST	- 1				100
TITLE	FT. LAUDERDALE F	(33)	DELETE	1	my-și	- 1		Change	☐ Addition	٦ ا
NAME	FT. LAUDERISALE F	(33)		1,40	TY-SI	- 1	Ţ	Change	☐ Addition	٦ ا
	FT. CAUDERDALE F	L 333		1,4 C 2.1 T 2.2 N	TY-ST TILE	- 1	[Change	Addition	٦ ا
NAME STREET ADDRESS	FT. LAUDERISALE F	633		1,4 C 2.1 T 2.2 N 2.3 S	TY-ST TILE	ADDRESS				٦ ا
NAME	FT, LAUDERISALE F	(33)		1,40 2.1 T 2.2 N 2.3 S 2.4 O	TY-ST TILE VAME TREET	T-ZIP ADDRESS T-ZIP		Change Change	☐ Addition	٦ ا
NAME STREET ADDRESS CITY-ST-ZIP	FT, LAUDERISALE F	L 33]	☐ DELETE	1,40 2.1 T 2.2 N 2.3 S 2.4 O	TTY-ST TTLE TAME TREET STY-S	T-ZIP ADDRESS T-ZIP				٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT, LAUDERISALE F	L 33 .	☐ DELETE	1,4 C 21 T 22 N 23 S 2.4 C 3,1 T 32 N	TTY-ST TILE HAME TIREET TILE TILE	T-ZIP ADDRESS T-ZIP				٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT, CAUDERISALE F	L 33 .	DELETE	1AC 21T 22N 23S 24C 31T 32N 33S 34.C	TIY-SI TILE TIREET SITY-S TILE TREET SITY-S	ADDRESS T-ZIP ADDRESS		Change	☐ Addition	٦ ا
NAME STREET ADDRESS CITY-5T-ZIP TITLE NAME _STREET ADDRESS.	FT, LAUDERISALE F	L 33 7	☐ DELETE	1,4 C 21 T 22 N 23 S 2,4 C 3,1 T 32 N 3,3 S	TIY-SI TILE TIREET SITY-S TILE TREET SITY-S	ADDRESS T-ZIP ADDRESS				٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT, LAUDERISALE F	(33)	DELETE	1.4C 2.1T 2.2N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C 4.1T	TIY-SI TILE TIREET SITY-S TILE TREET SITY-S	ADDRESS T-ZIP ADDRESS		Change	☐ Addition	٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT, CAUDERISALE F	(33)	DELETE	1.4C 2.1T 2.2N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C 4.1T 4.2N	TIY-ST TILE TIREET TILE TIREET TIREET TILE	ADDRESS T-ZIP ADDRESS		Change	☐ Addition	٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT, CAUDERISALE F		DELETE	1.4C 2.1T 2.2N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C 4.1T 4.2N 4.3S	TIY-ST TILE TIREET TILE TIREET TIREET TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		Change	Addition	٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT, CAUDERISALE F		DELETE	1AC 21T 22N 23S 24C 31T 32N 33S 34.C 41T 4.2N 43S 44C 51T	TITY-ST TITE WAME TITEET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		Change	☐ Addition	٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT, CAUDERISALE F		DELETE	1,4C 2,1T 22N 23S 24C 3,1T 32N 33S 34.C 4,1T 4,2N 4,3S 4,4C 5,1T 5,2N	TITY-ST TITE LAME TIREET CITY-S TITE TITEET TITEET TITEET TITEET TITEET TITEET TITEET TITEET TITEET TITEET TITEET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		Change	Addition	٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT, CAUDERISALE F		DELETE	1.4C 2.1T 2.2N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C 4.1T 4.2N 4.3S 4.4C 5.1T 5.2N 5.3S	TITY-ST TITE LAME TIREET TITE LAME TIREET TITE TITE TITE TITE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change	Addition	٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT, CAUDERISALE F	(33)	DELETE	1.4G 2.1T 2.2N 2.3S 2.4G 3.1T 3.2N 3.3S 3.4.G 4.1T 4.2D 5.1T 5.2N 5.3S 5.4C	TITY-ST TITE LAME TITY-S TITE LAME TITY-ST TITE TITY-ST TITE TITY-ST TITE TITY-ST TITE TITY-ST TITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change Change	Addition Addition	٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	FT, CAUDERISALE F		DELETE	1.4C 2.1T 22N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C 4.1T 4.2S 4.4C 5.1T 5.2N 5.3S 5.4C 6.1T	TITY-ST TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		Change	Addition	٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT, LAUDERISALE F		DELETE	1.4C 2.1T 22N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C 4.1T 4.2N 5.1T 5.2N 5.3S 5.4C 6.1T 6.2N	TITY-ST TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS -ZIP		Change Change	Addition Addition	٦ ا
NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	1.4G 2.1T 2.2N 2.3S 2.4G 3.1T 3.2N 3.3S 3.4.G 4.1T 4.2N 5.3T 5.2N 5.3S 5.4G 6.1T 6.2N 8.3S	TITY-ST TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS		Change Change	Addition Addition	٦ ا

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:

COMMITTIES AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99

954-255-5554 Deything Phone #