


FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90026 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # P98000042095																									
1. Corporation Name ARIPEKA ASSISTED LIVING FACILITY, INC.																									
Principal Place of Business 1227 OSOWAW BLVD. SPRING HILL FL 34607			Mailing Address 1227 OSOWAW BLVD. SPRING HILL FL 34607																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/07/1998 4. FEI Number 59-3507284 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					
9. Name and Address of Current Registered Agent POSEY, PATRICIA 1227 OSOWAW BLVD. SPRING HILL FL 34607			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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PSD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>POSEY, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1227 OSOWAW BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SPRING HILL FL 34607</td> <td></td> </tr> </table>			TITLE	PSD	<input type="checkbox"/> DELETE	NAME	POSEY, PATRICIA		STREET ADDRESS	1227 OSOWAW BLVD.		CITY-ST-ZIP	SPRING HILL FL 34607		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
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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:

SIGNATURE

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)