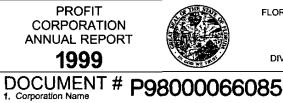
## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90010 046 \*\*\*550.00

THE FLORIDIAN ASSISTED LIVING FACILITY, INC.	

Principal Place of Business				iling Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11010 SW 95 ST.			11010 SW 95 ST.									
MIAMI FL 33176	3		MIAN	WI FL 33176				DO NOT WRIT	TE IN TUBE	DACE		
								Date Incorporated or Qualified	E IIV THIS S	FACE		
								08/01/1998				
2 Principal P	lace of Business		2a.	Mailing Address				4. FEI Number		I	Applied For	
21			26		ORT	E	7	65-085338	65-0853387 Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.						\$8.75	Additional	
22			27					5. Certificate of Status Desired	L	Fee F	Required	
City & State				City & State	- 4 4		<u></u>	6. Election Campaign Financing	r	\$5.00	May Be	
23				28 CORAL GABLES, FL			S, FL	Trust Fund Contribution		Added	to Fees	
Zip	Co	untry	<u></u>	Zip		untry	Δ	8. This corporation owes the curre	ent year		7	
24	25		29 4	۷۵۱۵۶	30 2	15	<u> </u>	Intangible Personal Property.			<b>≰</b> No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name											$\dashv$	
JANI.	KOWSKI, GALE F					"	Name					
	0 SW 95 ST.					82	Street Add	ress (P.O. Box Number is Not Accepta	ble)			
1	# FL 33176					100						_
1411/31						83						
						84	City			85 Zip	Code	
								<del></del>	FL	لـــــــــــــــــــــــــــــــــــ		
11. Pursuant	t to the provisions of registered agent, or	sections 607.0502	and 607 of Florid	7.1508, Florida Sta la. Such change w	itutes, the al as authorize	oove-i	named corpo the corporati	oration submits this statement for the pulion's board of directors. I hereby accept	rpose of cha it the appoint	nging its r ment as r	egistered egistered	
agent. I	am familiar with, and	accept the obligat	ions of,	section 607.0505	, Florida Sta	tutes		, ,	,,		•	Į
SIGNATURE									DATE			
12.	Signature, typed or printed	OFFICERS AND			(NOTE, Regist		ent signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFI		DIRECT	ORS IN 1	GR2E034 (5/99)
TITLE	D	OF ICERCANE	DINCE	DELETE				ADDITIONO/OFFICEO TO OFF	102/10/11/2	Change		tion G
NAME	JANKOWSKI, G	ÁLE		☐ DELETE		IAME				_ onlingo		্ল
STREET ADDRESS	11010 SW 95 S						ADORESS					
CITY-ST-ZIP	MIAMI FL 33176					ITY-ST-		•				22
TITLE	D	<u>'</u>		DELETE					Г	Change	Addi	
NAME	WARD, SHARM	AINE J			2.2 N				_	change	٠,٠٠٠	
STREET ADDRESS	1807 CORTEZ						ADORESS					
CITY-ST-ZIP	CORAL GABLES	FL 33134				HTY-ST-						
TITLE	D			DELETE						Change	Addi	tion
NAME	COLLINS, DEBC	IRAH A			3.2 N	- IAME	Į.		_			Ų
STREET ADDRESS	24505 SW 192				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	HOMESTEAD FI	_			1	ITY-ST-						
TITLE	_			DELETE					Ĺ	Change	Addi	tion
NAME				50.2710	- 1	AME			_			
STREET ADDRESS					4.3 S	TREET	ADDRESS					
CITY-ST-ZIP					4.4 0	ITY-ST-	ZIP					
TITLE				DELETE						Change	Addi	tion
NAME	1				5.2 N	IAME			_			
STREET ADDRESS	1				5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	1					ITY-ST-	i					
TITLE				DELETE					Γ	Change	Addi	tion
NAME					6.2 N	IAME			<b>-</b>		_	
STREET ADDRESS					6.3 S	TREET	ADORESS					1
CITY-ST-ZIP	]					ITY-ST-						·
	ertify that the inform	ation supplied with t	this filing	g does not qualify t				ction 119.07(3)(i), Florida Statutes. I fun	ther certify th	at the info	ormation	$\neg$

I nereby 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 repeiver 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 a statchment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-305-575-2550 Daytime Phone #