PROFIT— * CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathering Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000072782

	at retirement home, inc								
Principal Place		Mailing Address		-					
1930 LINCOLN HOLLYWOOD F		1930 LINCOLN ST. HOLLYWOOD FL 33020		- 1					
HOLLIMOOD F	L 33020	HOLLINGOD IL MORD			DO N	OT WRITE IN	THIS SPACE		
					3. Date Incorporated or 9 08/18/1998	Qualifed		-,	
2 Denoinal Di	lace of Business	2a. Malling Address		-+	4. FEI Number		I An	plied For	
21	ioco vi Busiless	25 P. O. BOX	3419		65-0857	1923	 	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	dditional	
22		27	-	- 1	5. Certificate of Status De	esired Z	Fee Re	quired	-
City & State	e	City & State			6. Election Campaign Fit	nancing	\$5.00	May Be	
23		28 SILVER SO	PRING		Trust Fund Contribution	xn	Added t	o Fees	
Zip	Country	Zip	Country	$\neg \top$	8. This corporation owes	the current ye		}	ŀ
24	25	29 - MD - 30	25918		Personal Property Tax		Yes	□No	
	9. Name and Address of Current	Registered Agent		1	0. Name and Address of		ered Agent		
PDI/C	SHT, DAVID		81 Name	GRE	egory J. R	ITTER			
	NW.9TH CT.	1 1 - 1-2	82 Street	Address	(P.O. Box Number is No	Acceptable)			
	PATE FL 33063	inged 12/17/99	8 700	<u>ه ۵ س</u>	EST PALMET	to park	RD. #	100	
MAY T	MATE FE 33003	G	83					ļ	
			84 City	_	- 10		85 Zip (~°33	
_				<u> 1809</u>	A RATON		FL 33	+33	
11. Pursuant	to the provisions of Sections 667.0502	and 607.1508, Florida Statutes, f Florida, Such channe was auth	the above-named orized by the corporate	corporat	ion submits this statement board of directors, I here	it for the purpo by accept the :	se of changing its appointment as re	registered	
11. Pursuant office or re agent. Las	to the provisions of Sections 607.0502 egistered agent, or both in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes, f Florida. Such change was auth ons of, Section 607.0505, Florida	the above-named orized by the corporations or Statutes.	comporat pration's	ion submits this statemen board of directors, I here	it for the purpo by accept the : مراسم	se of changing its appointment as rej	pistered	
11. Pursuant office or reagent. I as	to the provisions of Sections 807.0502 egistered agent, or both if the State of m familiar with, and accept the obligation					t for the purpo by accept the	se of changing its appointment as re	gistered	_
SIGNATURE	Standium, typed or printed name of registered agent of	and title if applicable. (NOTE: Re	gistered Agent signature r		n reinstating)	3//0/	TE		186
SIGNATURE	Standiture, typied or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	gistered Agent signature r			3//0/	TE		11/98)
SIGNATURE 12.	Specifice, typed or printed near of registered agent of OFFICERS-AND	and title if applicable. (NOTE: Re	gistered Agent signature r 13. 1.1 TITLE		n reinstating)	3//0/	TE IS AND DIRECTO	RS IN 12	14 (11/98)
SIGNATURE 12. TITLE NAME	Sentium, typed or printed name of registered agent of DEFICERS AND BRIGHT, DAVID	and title if applicable. (NOTE: Re	gistered Agent signature r 13. 1.1 TITLE 1.2 NAME		n reinstating)	3//0/	TE IS AND DIRECTO	RS IN 12	-034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND D BRIGHT, DAVID 6093 NW 9TH CT.	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		n reinstating)	3//0/	TE IS AND DIRECTO	RS IN 12	22E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sentium, typed or printed name of registered agent of DEFICERS AND BRIGHT, DAVID	and title if applicable. (NOTE: Re	gistered Agent signature r 13. 1.1 TITLE 1.2 NAME	equired whe	in reinstating) ADDITIONS/CHANGES	DA B TO OFFICER	TE IS AND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D BRIGHT, DAVID 6093 NW 9TH CT. MARGATE FL 33063	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	aquired who	ADDITIONS/CHANGES	DA B TO OFFICER	IE IS AND DIRECTO ☐ Change	RS IN 12 Addition	CR2E034 (11/98)
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14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

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STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 49 3019854602

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90042 003 ***158.75