2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077808

1. Entity Name

AFFORDABLE ASSISTED LIVING, INC.

06-20-2000 90001 015 ***150.00
P98000077808
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 AM 10: 11

Principal Place of Business	Mailing Address
420 CRESCENT CIRCLE LAKE PARK FL 33403	P.O. BOX 12443 LAKE PARK FL 33403-0443

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0862707 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANCHEZ, DOLORES K 4701 N FEDERAL HWY SUITE 316 LIGHTHOUSE POINT FL 33064	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORKS, DAVID P.O. BOX 12443 LAKE PARK FL 33403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800003454598--0 -11/07/00--01020--030 ****400.00 ****400.00	☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey A. Bauman FOR DAVID WORKS 6/17/00 561 630-8501
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

To: Division of Corporations M/S _____

From: DAVID A. WORKS M/S _____ Ext. _____

Subject: Affordable Assisted Living, Inc Reinstatement
(ref. P98000077808)

I am requesting that the late fee be waived and the reinstatement fee be accepted for this corporation. I did not receive your letter dated 6/21/00 because of an address change (see attached note).

I am including a check for $400.00 for the reinstatement. Please let myself or my Corporation Attorney know if there is anything else that is required.

Thank You,

David A. Works
President
Affordable Assisted Living, Inc.
7965 Legend Creek Court
Franklin, WI 53132

cc: attorney Delores Sanchez, P.A.
(954) 785-8585

P&W Form 51 Rev. 8-85