PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000089989

DELACRUIZ ASSISTED LIVING FACILITY INC.

Principal Place of Business	Mailing Address
220 SW 14TH ST I LAUDERDALE FL 33068	7220 SW 14TH ST N LAUDERDALE FL 33068
2. Principal Place of Business	2e. Malling Address
Suite, Apt. #, etc.	
	26 Suite, Apt. #, etc.

May 27, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/21/1998 Applied For 4. FEI Number EIN 65087 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution a. This corporation owes the current year intangible MNo Yes Personal Property Tax. 129 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DELANEY, MARJORIE M Street Address (P.O. Box Number is Not Acceptable) 7220 SW 14TH ST N LAUDERDALE PL 33068 Zip Code City 84 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 Signature, typed or printed name of registered egent and tide if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE 12 NAME DELANEY, MARJORIE M NAME 1.3 STREET ADDRESS 7220 SW 14TH ST STREET ADDRESS N LAUDERDALE FL 33068 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE me 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 11 TH F TITLE 3.2 NAME NAME 3.3 STREET ADORES STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZIP ☐ Addroon ☐ Change DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY- \$T-ZIP CITY-ST-ZIP Addition ☐ Changa DELETE 61 TITLE TITLE 82 NAME NAME **8.3 STREET ADDRESS** STREET ADDRESS

14. I hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP