SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # **V34337** 1. Corporation Name

STREET ADDRESS

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

(8)

ALZHEIMER'S INSTITUTE OF AMERICA, INC.

Principal Plac	ce of Bus iness	Mailing Address			* 12511 Stress sthen 1112 (1111 (62) gts.	i mimit beger britt fiber mimit thet
1300 N. 78TH STREET		1300 N. 78TH STREET				
SUITE 100 Kansas City KS 66112		SUITE 100 KANSAS CITY KS 66112		DO NOT WRITE IN TH	IIS SPACE	
III) GAGNAA	NO MILE	MANDAD CITT NO 00112			3. Date Incorporated or Qualified	III OF AUL
					05/07/1992	
2. Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			48-1131849	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		[28]	,		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the c	·
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		94 Name	10. Name and Address of New Registere	d Agent
	CORPORATION SYSTEM			81 Name		
1200 S PINE ISLAND RD				82 Street Add	Address (P.O. Box Number is Not Acceptable)	
PLAI	NTATION FL 33324			02		
				83		
				84 City		85 Zip Code
				<u></u>	_	
11. Pursuan office or	it to the provisions of sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statu te of Florida. Such change was	tes, the ab authorize:	ove-named corp I by the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	ch ang ing its registered oi ntme nt as registered
agent. I	am familiar with, and accept the obli	gations of, section 607.0505, F	lorida Stat	utes.	,,	*
SIGNATURE		ent and tille Kampingbie			Bruited when relocation)	
	Signature, typed or printed name of registered ag		NOTE: Registe		equired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag	ND DIRECTORS		red Agent signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
12.	Signature, typed or printed name of registered ag OFFICERS A		NOTE: Registe	red Agent signature re		AND DIRECTORS IN 12 Change Addition
12.	Signature, typed or printed name of registered ag OFFICERS A	ND DIRECTORS	NOTE: Registe 13. 1.1 Til 1.2 NA	red Agent signature re		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered eg OFFICERS A PD SEXTON, RONALD E 2900 VERONA ROAD	ND DIRECTORS	NOTE: Registe 13. 1.1 Til 1.2 NA 1.3 ST	red Agent signature re LE ME REET ADDRESS		
12. TITLE NAME	Signature, typed or printed name of registered eg OFFICERS A PD SEXTON, RONALD E	ND DIRECTORS DELETE	NOTE: Registe 13. 1.1 Til 1.2 NA 1.3 ST	red Agent signature re LE ME REET ADDRESS Y-ST-ZIP		Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or privided name of registered ag OFFICERS A PD SEXTON, RONALD E 2900 VERONA ROAD MISSION HILLS KS 66208 VPD	ND DIRECTORS	NOTE: Registe 13. 1.1 Til 1.2 NA 1.3 ST 1.4 Ci	LE ME REET ADDRESS (Y-ST-ZIP		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or privided name of registered ag OFFICERS A PD SEXTON, RONALD E 2900 VERONA ROAD MISSION HILLS KS 66208	ND DIRECTORS DELETE	13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti	LE ME REET ADDRESS (Y-ST-ZIP		Change Addition
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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. MARJORIE E. CURRAN

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

nlolac 1941 706

FILED

Oct 15 1998 8:00am

Secretary of State