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Apr 06 1998 8:00am  
Secretary of State

- NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **702559** (6)  
1. Corporation Name  
**ROYCE NURSING FOUNDATION, INC.**



Principal Place of Business		Mailing Address	
1500 NW 12TH AVE 7 FL MIAMI FL 33136 US		1500 NW 12TH AVE 7 FL MIAMI FL 33136 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified  
**06/14/1961**

4. FEI Number **51-0169662**

Applied For	
Not Applicable	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MASS, D. JANE</b> <b>420 HARDEE ROAD</b> <b>CORAL GABLES FL 33146</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRUEGER, JUDY</b>	1.2 NAME	
STREET ADDRESS	<b>12340 SW 99TH AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASS, JANE D</b>	2.2 NAME	
STREET ADDRESS	<b>420 HARDEE ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, NANCY</b>	3.2 NAME	
STREET ADDRESS	<b>15000 EGAN LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGESS, BERNARD</b>	4.2 NAME	
STREET ADDRESS	<b>112 VALENCIA AVE.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES, FL 00000</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACKINNON, HAROLD A</b>	5.2 NAME	
STREET ADDRESS	<b>122 D-1 LAKE PINE CR.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE WORTH FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAFFE, JEAN</b>	6.2 NAME	
STREET ADDRESS	<b>5411 SW 87 AVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	6.4 CITY - ST - ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judy Krueger* X **3/20/98** \* <sup>(305)</sup> **585-7134**

CR2E037 (10/97)