

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 715370 (3)

1. Corporation Name

GARDEN-AIRE VILLAGE SOUTH, INC.

Principal Place of Business

2350 NE 14 STREET  
POMPANO BEACH FL 33062

Mailing Address

2350 NE 14 STREET  
POMPANO BEACH FL 33062-8274

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1968		3a. Date of Last Report 05/15/1996	
21		26		4. FEI Number 59-1260773		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

## 9. Name and Address of Current Registered Agent

VENITUCCI, ANDREW J.  
2350 NE 14 STREET  
#706  
POMPANO BEACH FL 33062

## 10. Name and Address of New Registered Agent

81 Name	James W. Crighton		
82 Street Address (P.O. Box Number is Not Acceptable)	2350 NE 14th Street Cswy #404		
83			
84 City	Pompano Beach	85 Zip Code	33062

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.

James W. Crighton, President/Director

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

2/14/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	D
NAME	SANTAGATE, JOSEPH	1.2 NAME	
STREET ADDRESS	2350 NE 14 ST CSWY #615	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	P/D
NAME	CRIGHTON, JAMES W.	2.2 NAME	
STREET ADDRESS	2350 NE 14 ST CSWY #404	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	T/D
NAME	PAUL, LEO C.	3.2 NAME	Robert Wiest
STREET ADDRESS	2350 NE 14 ST CSWY #401	3.3 STREET ADDRESS	2350 NE 14th Street Cswy #512
CITY-ST-ZIP	POMPANO BCH FL 33062	3.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	2NDS	4.1 TITLE	S/D
NAME	WATSON, BYRON E.	4.2 NAME	
STREET ADDRESS	2350 NE 14 ST CSWY #702	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	4.4 CITY-ST-ZIP	
TITLE	D/T	5.1 TITLE	2nds/D
NAME	VENITUCCI, ANDREW J.	5.2 NAME	Josephine Barrett
STREET ADDRESS	2350 NE 14 ST CSWY #706	5.3 STREET ADDRESS	2350 NE 14th St. Cswy #402, Pompano Beach, FL 33062
CITY-ST-ZIP	POMPANO BCH FL 33062	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	VP/D
NAME	CAPECE, PHILIP	6.2 NAME	Albert Azznara
STREET ADDRESS	2350 NE 14 ST CSWY #215	6.3 STREET ADDRESS	2350 NE 14th Street Cswy #507
CITY-ST-ZIP	POMPANO BCH FL 33062	6.4 CITY-ST-ZIP	Pompano Beach, FL 33062

14. I do 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

James W. Crighton, President

SIGNATURE:

2/14/97

954 943-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021751

CR2E037 (9/96)