

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).

FILED

Jul 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # F96000006155 (3)

1. Corporation Name
 INTEGRATED LIVING COMMUNITIES OF BOYNTON BEACH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 24850 OLD 41 RD #10
 BONITA SPRINGS FL 34135

Mailing Address
 24850 OLD 41 RD #10
 BONITA SPRINGS FL 34135

3. Date Incorporated or Qualified
 11/15/1996

4. FEI Number
 65-0717493

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

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 5327 N. Sheridan Rd.

27 Suite, Apt. #, etc.

27 100

28 City & State

28 Chicago, IL

29 Zip

29 60640

30 Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/1st
NAME	ELKINS, ROBERT	1.2 NAME	Daniel N. Weidlich
STREET ADDRESS	24850 OLD 41 RD #10	1.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	BONITA SPRINGS FL 34135	1.4 CITY-ST-ZIP	New York, NY 10004
TITLE	DP	2.1 TITLE	v/1st
NAME	KOMP, EDWARD J	2.2 NAME	Michael & Klingner
STREET ADDRESS	24850 OLD 41 RD #10	2.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	BONITA SPRINGS FL 34135	2.4 CITY-ST-ZIP	New York, NY 10004
TITLE	CEO	3.1 TITLE	v/1st
NAME	KOMP, EDWARD J	3.2 NAME	Stephen J. Levy
STREET ADDRESS	24850 OLD 41 RD #10	3.3 STREET ADDRESS	5327 N. Sheridan Rd., Suite 100
CITY-ST-ZIP	BONITA SPRINGS FL 34135	3.4 CITY-ST-ZIP	Chicago, IL 60640
TITLE	D	4.1 TITLE	v/1st
NAME	CIRKA, LAWRENCE P	4.2 NAME	Elizabeth A. O'Brien
STREET ADDRESS	24850 OLD 41 RD #10	4.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	BONITA SPRINGS FL 34135	4.4 CITY-ST-ZIP	New York, NY 10004
TITLE	D	5.1 TITLE	D/v
NAME	BARED, LUIS	5.2 NAME	Stuart M. Rothenberg
STREET ADDRESS	24850 OLD 41 RD #10	5.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	BONITA SPRINGS FL 34135	5.4 CITY-ST-ZIP	New York, NY 10004
TITLE	D	6.1 TITLE	v/s
NAME	LAVERTY, CHARLES	6.2 NAME	William B. Kaplan
STREET ADDRESS	24850 OLD 41 RD #10	6.3 STREET ADDRESS	5327 N. Sheridan Rd., Suite 100
CITY-ST-ZIP	BONITA SPRINGS FL 34135	6.4 CITY-ST-ZIP	Chicago, IL 60640

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: _____ 7/12/98 777-878-1777

CR2E034 (5/98)