

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98 \$64.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Oct 08 1998 8:00am
 Secretary of State

DOCUMENT # 839014

(8)

1. Corporation Name

LIFE CARE RETIREMENT COMMUNITIES, INC.



Principal Place of Business

Mailing Address

200 E. GRAND AVENUE
 390
 DES MOINES IA 50309-1800
 US

1600 HUB TOWER
 699 WALNUT
 DES MOINES IA 50309

2. Principal Place of Business

2a. Mailing Address

21 | Suite, Apt #, etc.

26 | Suite, Apt #, etc.

22 | City & State

27 | City & State

23 | Zip | Country

28 | Zip | Country

24 | 25 |

29 | 30 |

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

81 | Name

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

83 |

84 | City

FL | 85 | Zip Code

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 Signature by and printed name of registered agent and firm if applicable

(b)(1) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD [] DELETE
 NAME DICKINSON, L CALL, JR
 STREET ADDRESS 3737 SOUTHERN HILLS DRIVE
 CITY-STATE-ZIP DES MOINES IA
 TITLE D [] DELETE
 NAME CARVER, GARLAND K
 STREET ADDRESS 7634 HICKMAN RD
 CITY-STATE-ZIP DES MOINES IA
 TITLE PD [] DELETE
 NAME KADUCE, JOHN J.
 STREET ADDRESS 200 E GRAND AVE, S390
 CITY-STATE-ZIP DES MOINES IA
 TITLE D [] DELETE
 NAME ZEFRON, MIANNE
 STREET ADDRESS 4621 BOULEVARD PL
 CITY-STATE-ZIP DES MOINES IA
 TITLE CD [X] DELETE
 NAME HAEUSSLER, THOMAS A.
 STREET ADDRESS 2502 SHERWIN R.D
 CITY-STATE-ZIP UPPER ARLINGTON OH
 TITLE D [] DELETE
 NAME STAUFFER, WILLIAM A.
 STREET ADDRESS 4916 HARWOOD DR.
 CITY-STATE-ZIP DES MOINES IA

1.1 TITLE CD [X] Change [] Addition
 1.2 NAME Dickinson, L. Call, Jr.
 1.3 STREET ADDRESS 3737 Southern Hills Drive
 1.4 CITY-STATE-ZIP Des Moines, IA 50321
 2.1 TITLE D [X] Change [] Addition
 2.2 NAME Carver, Garland K.
 2.3 STREET ADDRESS 7305 Ridgmont
 2.4 CITY-STATE-ZIP Urbandale, IA 50322
 3.1 TITLE [] Change [] Addition
 3.2 NAME []
 3.3 STREET ADDRESS []
 3.4 CITY-STATE-ZIP []
 4.1 TITLE D [X] Change [] Addition
 4.2 NAME Zefron, Mianne
 4.3 STREET ADDRESS 147 - 34th Street
 4.4 CITY-STATE-ZIP Des Moines, IA 50312
 5.1 TITLE [] Change [] Addition
 5.2 NAME []
 5.3 STREET ADDRESS []
 5.4 CITY-STATE-ZIP []
 6.1 TITLE D [X] Change [] Addition
 6.2 NAME Stauffer, William A.
 6.3 STREET ADDRESS 3920 Grand Avenue, S. 301
 6.4 CITY-STATE-ZIP Des Moines, IA 50312

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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 my attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-98 515-288 SPOJ
 Date Daytime Phone #

CR20037 (5/98)

**LIFE CARE RETIREMENT COMMUNITIES, INC.
CORPORATE NUMBER: 839014
1998 ADDITIONAL OFFICER/DIRECTOR LIST**

TITLE:	S	NAME:	CODER, SYDNEY J. 4505 - 73 RD STREET UBANDALE, IA 50322
TITLE:	TD	NAME:	FOREMAN, MERLIN J. 6019 WYBRIDGE JOHNSTON, IA 50131
TITLE:	D	NAME:	BOURNE, DONALD W. 5142 PINE TOP PLACE ORLANDO, FL 32819
TITLE:	VD	NAME:	PIERSON, ERNEST C. 112 HOMEDALE ROAD HOPKINS, MN 55343