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Jun 05 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 # 557441 (3)
 1. Corporation Name
Integrated Living Communities of Sarasota, Inc.

RECEIVED

MAY 27 1998

Principal Place of Business Mailing Address
4540 Bee Ridge Road Sarasota, FL 34233 **5327 N. Sheridan Rd. Suite 100 Chicago, IL 60640**

Accounts Payable THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **5327 N. Sheridan Rd.**
 22 City & State 27 **100**
 23 Zip Country 28 **Chicago, IL**
 24 **60640** 25 **USA** 29 **60640** 30 **USA**

3. Date Incorporated or Qualified
1/17/78

4. FEI Number Applied For
59-1835706 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**

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
**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)
300002550903
 83 **06708798-01049-009**
*****558.75**
 84 City **FL** 85 Zip Code

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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Lisa Merritt	
STREET ADDRESS	469 Carica Road	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	Kayda A. Johnson	
STREET ADDRESS	7460 Avenida De Palais	
CITY-ST-ZIP	Carlsbad, CA 92009	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	John B. Poole	
STREET ADDRESS	12190 Wellesely Court	
CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	Geralyn Kidera	
STREET ADDRESS	12733 Devonshire Lake Circle	
CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE		<input type="checkbox"/> DELETE
NAME	See Attached Sheet	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Daniel N. Neidich	
1.3 STREET ADDRESS	85 Broad Street	
1.4 CITY-ST-ZIP	New York, New York 10004	
2.1 TITLE	V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael K. Klingher	
2.3 STREET ADDRESS	85 Broad Street	
2.4 CITY-ST-ZIP	New York, NY 10004	
3.1 TITLE	V/S/GC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stephen Levy	
3.3 STREET ADDRESS	5327 North Sheridan Road, Suite 100	
3.4 CITY-ST-ZIP	Chicago, IL 60640	
4.1 TITLE	V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Elizabeth A. O'Brien	
4.3 STREET ADDRESS	85 Broad Street	
4.4 CITY-ST-ZIP	New York, NY	
5.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Stuart M. Rothenberg	
5.3 STREET ADDRESS	85 Broad Street	
5.4 CITY-ST-ZIP	New York, NY 10004	
6.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William B. Kaplan	
6.3 STREET ADDRESS	5327 North Sheridan Road, Suite 100	
6.4 CITY-ST-ZIP	Chicago, IL 60640	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Vice President** **5/26/98** **(773) 878-6333**

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1998 PROFIT CORPORATION ANNUAL REPORT

DOCUMENT NO. 557441 (3)

INTEGRATED LIVING COMMUNITIES OF SARASOTA, INC.

No. 12 Officers and Directors

D Deleted
Elkins, Robert
24850 Old 41 Rd #10
Bonita Springs, FL 34135

DP Deleted
Komp, Edward J
24850 Old 41 Rd #10
Bonita Springs, FL 34135

CEO Deleted
Komp, Edward J
24850 Old 41 Rd #10
Bonita Springs, FL 34135

D Deleted
Cirka, Lawrence P
24850 Old 41 Rd #10
Bonita Springs, FL 34135

D Deleted
Bared, Luis
24850 Old 41 Rd #10
Bonita Springs, FL 34135

D Deleted
Laverty, Charles
24850 Old 41 Rd #10
Bonita Springs, FL 34135