


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of State

| | | | | | |
|---|-------------------------------|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 855804 (1) | | | | | |
| 1. Corporation Name ENCORE RETIREMENT CENTERS, INC. | | | | | |
| Principal Place of Business 707 WESTCHESTER AVE WHITE PLAINS NY 10604 | | | Mailing Address 707 WESTCHESTER AVE WHITE PLAINS NY 10604-3102 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/15/1983 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 3a. Date of Last Report 04/09/1996 | |
| 22. City & State | | 27. City & State | | 4. FEI Number 13-3164075 | |
| 23. Zip | | 28. Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24. Country | | 29. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | | |
| NAME | SEGAL, RICHARD D. | | | | |
| STREET ADDRESS | 707 WESTCHESTER AVE | | | | |
| CITY- ST- ZIP | WHITE PLAINS NY | | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | | |
| NAME | LAMONTAGNE, RAYMOND A. | | | | |
| STREET ADDRESS | 707 WESTCHESTER AVE | | | | |
| CITY- ST- ZIP | WHITE PLAINS NY | | | | |
| TITLE | ST | <input type="checkbox"/> DELETE | | | |
| NAME | TOOKMANIAN, ASCENSINA | | | | |
| STREET ADDRESS | 707 WESTCHESTER AVE | | | | |
| CITY- ST- ZIP | WHITE PLAINS NY | | | | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | YOZZO, JOHN | | | | |
| STREET ADDRESS | 707 WESTCHESTER AVE | | | | |
| CITY- ST- ZIP | WHITE PLAINS NY | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |



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|--|--|
| 3. Date Incorporated or Qualified 03/15/1983 | 3a. Date of Last Report 04/09/1996 |
| 4. FEI Number 13-3164075 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|-----------|
| 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 |

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006498

CR2E034 (9/96)

VB 1-28