

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90191 029 ***158.75

DOCUMENT # F93000000511

1. Corporation Name

SENIOR LIFESTYLE JUPITER CORPORATION

Principal Place of Business

Mailing Address

5327 N. SHERIDAN ROAD
SUITE 100
CHICAGO IL 60640

5327 N. SHERIDAN ROAD
SUITE 100
CHICAGO IL 60640



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1993

4. FEI Number

36-3981507

Applied For

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 the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 111 E. Wacker Dr.
Suite, Apt. #, etc.

26 111 E. Wacker Dr.
Suite, Apt. #, etc.

22 Suite 2400
City & State

27 Suite 2400
City & State

23 Chicago, IL
Zip Country

28 Chicago, IL
Zip Country

24 60601 25 USA

29 60601 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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME KLUTZNICK, JAMES B
STREET ADDRESS 5327 N. SHERIDAN RD., STE. 100
CITY-ST-ZIP CHICAGO IL 60640

DELETE

TITLE V
NAME ALLEN, LARRY M
STREET ADDRESS 5327 N. SHERIDAN RD., STE. 100
CITY-ST-ZIP CHICAGO IL 60640

DELETE

TITLE SCD
NAME KAPLAN, WILLIAM B
STREET ADDRESS 5327 N. SHERIDAN RD., STE. 100
CITY-ST-ZIP CHICAGO IL 60640

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

111 E. Wacker Dr., Suite 2400
Chicago, IL 60601

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VAS
Stephen J. Levy
111 E. Wacker Dr., Suite 2400
Chicago, IL 60601

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

111 E. Wacker Dr., Suite 2400
Chicago, IL 60601

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

V
Terrold H. Frumm
111 E. Wacker Dr., Suite 2400
Chicago, IL 60601

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: by: *Senior Lifestyle Jupiter Corporation*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(312) 673-4333

CR2E034 (11/98)