

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 90256 029 ***158.75

DOCUMENT # F96000001953

1. Corporation Name

INTEGRATED LIVING COMMUNITIES OF BRADENTON, INC.

Principal Place of Business

1700 3RD AVE WEST
BRADENTON FL 34205
US

Mailing Address

5327 N. SHERIDAN ROAD
#100
CHICAGO IL 60640
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1996

4. FEI Number

52-1968574

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE

NAME NEIDICH, DANIEL N
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK NY 10004

1.1 TITLE ☐ Change ☐ Addition

TITLE VST ☐ DELETE

NAME KLINGHER, MICHAEL K
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK NY 10004

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VSAC ☐ DELETE

NAME LEVY, STEPHEN
STREET ADDRESS 5327 NORTH SHERIDAN ROAD, SUITE 100
CITY-ST-ZIP CHICAGO IL 60640

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VST ☒ DELETE

NAME O'BRIEN, ELIZABETH A
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK NY 10004

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE DV ☐ DELETE

NAME ROTHENBERG, STUART M
STREET ADDRESS 85 BROAD STREET
CITY-ST-ZIP NEW YORK NY 10004

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VS ☐ DELETE

NAME KAPLAN, WILLIAM B
STREET ADDRESS 5327 NORTH SHERIDAN ROAD, SUITE 100
CITY-ST-ZIP CHICAGO IL 60640

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

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: *Stephen J. Levy*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Levy

4/26/99

(312) 673-4333

Date

Daytime Phone #

CR2E034 (1/98)