

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

DOCUMENT # F96000006154

1. Corporation Name

INTEGRATED LIVING COMMUNITIES OF ST PETERSBURG,
INC.

Principal Place of Business

896 73RD AVENUE N.
ST PETERSBURG FL 33702

Mailing Address

5327 N SHERIDAN RD #100
CHICAGO IL 60640

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

05-06-1999 90243 041 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

65-0717442

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 Suite, Apt. #, etc.

26 111 E. Wacker Dr.

23 City & State

27 Suite, Apt. #, etc.

28 Suite 2400
Chicago, IL

24 Zip

25 Country

29 Zip

30 Country

60601

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

10. Name and Address of New Registered Agent

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 PST ☐ DELETE

NAME NEIDICH, DANIEL N

STREET ADDRESS 85 BROAD STREET

CITY-ST-ZIP NEW YORK NY 10004

TITLE VST ☐ DELETE

NAME KLINGHER, MICHAEL K

STREET ADDRESS 85 BROAD STREET

CITY-ST-ZIP NEW YORK NY 10004

TITLE VSGC ☐ DELETE

NAME LEVY, STEPHEN

STREET ADDRESS 85 BROAD STREET

CITY-ST-ZIP NEW YORK NY 10004

TITLE VST ☒ DELETE

NAME O'BRIEN, ELISABETH A

STREET ADDRESS 85 BROAD STREET

CITY-ST-ZIP NEW YORK NY 10004

TITLE D/V ☐ DELETE

NAME ROTHEBERG, STUART M

STREET ADDRESS 85 BROAD STREET

CITY-ST-ZIP NEW YORK NY 10004

TITLE V/S ☐ DELETE

NAME KAPLAN, WILLIAM B

STREET ADDRESS 5327 N SHERIDAN RD #100

CITY-ST-ZIP CHICAGO IL 60640

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 19.07(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**

4/24/99 (312) 673-4333

Date

Daytime Phone #

CR2E034 (1/98)