SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

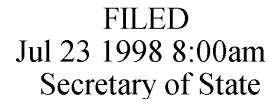
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998DOCUMENT #

F96000006155 (3)

INTEGRATED LIVING COMMUNITIES OF BOYNTON BEACH, INC.





Principal Place of Business Mailing Address		Mailing Address		
24850 OLD 41 RD #10		-24650-OLD-41-RD-# 10		
BONITA SPRINGS FL-84135		BONITA SPRINGS FL 34195		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2 Principal P	lace of Business	2a. Mailing Address		11/15/1996 4. FEI Number Applied For
21		26 5327 N. Sheridan Rd.		Typhica t of
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
22		27 100		5. Certificate of Status Desired See Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28 Chicago, IL		Trust Fund Contribution Added to Fees
Zip	Country		Country	8. This corporation owes or has paid the current year Intangible
24	25	29 60640 30	USA	Personal Properly Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM			B1 Name	
1200 SOUTH PINE ISLAND ROAD			82 Street	Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324				7 Salisas (1.5. Doc Hamber to Not Moodplately)
			83	
			84 City	85 Zip Code
				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	·····	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D CHAMA BODEDA	Jan Section	1.1 TITLE	P/s/T Change Addition
NAME	ELKINS, ROBERT		I.2 NAME	Daniel N. Weldich 85 Broad Street
STREET ADDRESS	24850 OLD 41 RD #10		1.3 STREET ADDRESS	85 Broad Street
CITY-ST-ZIP	BONITA SPRINGS FL 34135		I.4 CITY-ST-ZIP	New York, NY 10004
TITLE	DP -	LAN CEEFIE	2.1 TITLE	U/S/T Change 🔀 Addition
NAME	KOMP, EDWARD J	2	2.2 NAME	Michael & Khingher
STREET ADDRESS	248\$0 OLD 41 RD #10	2	2.3 STREET ADDRESS	95 Broad Street
CITY-ST-ZIP	BONITA SPRINGS FL 34135		4 CITY-ST-ZIP	New York, NY 10004
TITLE	CEO	DELETE 3	3.1 TITLE	U/s/6C ☐ Change ☑ Addition
NAME	KOMP, EDWARD J		3.2 NAME	Stephen J. Levy 1327 N. Sheridan Rd., Suite100
STREET ADDRESS	24850 OLD 41 RD #10	3	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		3.4 CITY-ST-ZIP	Chicago, IL 60640
TITLE	D CIRCLE A ALAREST D	y_g beccie	I.1 TITLE	V/S/T J Change X Addition
NAME	CIRKA, LAWRENCE P		.2 NAME	Elizabeth A. O'Brien
STREET ADDRESS	24850 OLD 41 RD #10		.3 STREET ADDRESS	\$5 Broad Street
CITY-ST-ZIP	BONTA SPRINGS FL 34135		.4 CITY-ST-ZIP	New York, NY 10004
TITLE	D	DELETE 5	i.1 TITLE	D/V Change Addition
NAME	BARED, LUIS		.2 NAME	Stuart M. Rothenberg 85 Brand Street
STREET ADDRESS	248\$0 OLD 41 RD #10	5	.3 STREET ADDRESS	85 Brand Street
CITY-ST-ZIP	BONITA SPRINGS FL 34135		.4 CITY-ST-ZIP	New York, NY 10004
TITLE	D	X DELETE 6	.1 TITLE	V/5 _ Change Addition
NAME •	Lav e rty, Charles		.2 NAME	William B. Kaplan
STREET ADDRESS	24850 OLD 41 RD #10	6	3 STREET ADDRESS	5327 N. Sheridan Rdy Juste 100
CITY-ST-ZIP	BONTA SPRINGS FL 34135	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 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.

THE DESCRIPTION

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