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).

FILED
Jul 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000002341 (2)**

1. Corporation Name
INTEGRATED LIVING COMMUNITIES OF FLORIDA I, INC.

Principal Place of Business	Mailing Address
~~24850 OLD 41 RD. SUITE 10~~ ~~BONITA SPRINGS FL 34135~~	~~24850 OLD 41 RD. SUITE 10~~ ~~BONITA SPRINGS FL 34135~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1997

2. Principal Place of Business	2a. Mailing Address
21	26 5327 N. Sheridan Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 100
23 City & State	28 City & State Chicago, IL
24 Zip / 25 Country	29 Zip 60640 / 30 Country USA

4. FEI Number: APPLIED FOR ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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) 100000217215
-08/04/98--01072--032

83 ***58.75

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/S/T	☐ Change ☒ Addition
NAME	ELKINS, ROBERT		1.2 NAME	Daniel N. Neidich	
STREET ADDRESS	24850 OLD 41 RD, SUITE 10		1.3 STREET ADDRESS	85 Broad Street	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		1.4 CITY-ST-ZIP	New York, NY 10004	
TITLE	D	☒ DELETE	2.1 TITLE	V/S/T	☐ Change ☒ Addition
NAME	CIRKA, LAWRENCE P		2.2 NAME	Michael K. Klingher	
STREET ADDRESS	24850 OLD 41 RD, SUITE 10		2.3 STREET ADDRESS	85 Broad Street	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		2.4 CITY-ST-ZIP	New York, NY 10004	
TITLE	D	☒ DELETE	3.1 TITLE	V/S/SE	☐ Change ☒ Addition
NAME	LAVERTY, CHARLES		3.2 NAME	Stephen J. Levy	
STREET ADDRESS	24850 OLD 41 RD, SUITE 10		3.3 STREET ADDRESS	5327 N. Sheridan Rd. Suite 100	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		3.4 CITY-ST-ZIP	Chicago, IL 60640	
TITLE	PCEO	☒ DELETE	4.1 TITLE	V/S/T	☐ Change ☒ Addition
NAME	KOMP, EDWARD J		4.2 NAME	Elizabeth A. O'Brien	
STREET ADDRESS	24850 OLD 41 RD, SUITE 10		4.3 STREET ADDRESS	85 Broad Street	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		4.4 CITY-ST-ZIP	New York, NY 10004	
TITLE	D	☒ DELETE	5.1 TITLE	D/V	☐ Change ☒ Addition
NAME	KOMP, EDWARD J		5.2 NAME	Stuart M. Rothenberg	
STREET ADDRESS	24850 OLD 41 RD, SUITE 10		5.3 STREET ADDRESS	85 Broad Street	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		5.4 CITY-ST-ZIP	New York, NY 10004	
TITLE	VCFO	☒ DELETE	6.1 TITLE	V/S	☐ Change ☒ Addition
NAME	POOLE, JOHN		6.2 NAME	William B. Karkan	
STREET ADDRESS	24850 OLD 41 RD, SUITE 10		6.3 STREET ADDRESS	5327 N. Sheridan Rd, Suite 100	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		6.4 CITY-ST-ZIP	Chicago, IL 60640	

LS 7.29

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: [signature] 7/12/98 773-878-4333

CR2E034 (5/98)