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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	CORPORATIONS		
DOCUMENT # G52678 (1) 1. Corporation Name DCA AT NORTH LAUDERDALE, INC.				32 ° 1	
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Principal Place	of Business	Mailing Address			
700 N.W. 107TH AVENUE		700 N.W. 107TH AVENUE			
MIAMI FL 33172		MIAMI FL 33172			
				3. Date Incorporated or Qualified 07/28/1983	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number	Applied For
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2308334	Not Applicable
22		27.		5. Cortificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		23		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s=199.032,
<u></u>	9. Name and Address of Currer		[30]	10. Name and Address of New Ro	
			81 Name		
WATSKY, MORRIS J., ESQ. 700 NW 107TH AVENUE				dress (P.O. Box Number is Not Acceptable)	
			84 City		Fi 85 Zip Code
11. Pursuant to or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Fich	2 and 607.1508, Florida Statute da Such change was authorize	s, the above named corpored by the corporation's boa	oration submits this statement for the purp ard of directors. Thereby accept the appo	pose of changing its registered office intrinent as registered agent. I am
SIGNATURE	Signature, typed or printed name of registrated a jest	Land the Capplearo (NO)	It: Registered Agent signature requin		CMTE
SIGNATURE .	Signature, typical or printed name of registered a just OFFICERS AN	Land tille Fapple.acro (NO) DIDIFECTORS	E: Registered Agent synature requin		DATE CERS AND DIRECTORS IN 12
SIGNATURE _	Signature, typed or printed name of registrated a jest	Land the Capplearo (NO)	It: Registered Agent signature requin	ed wher reinstating)	DATE
SIGNATURE . 12. TITLE	Signature, spiret or printed ruling of registeries after OFFTICE RS AN	Land tille Fapple.acro (NO) DIDIFECTORS	11. Fegisterad Agent synathra require 13.	ed wher reinstating)	DATE CERS AND DIRECTORS IN 12
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certify that the information indicated in this annual report of standard policy and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the sector or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block or on an attack ment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sierra 4.8-96 (305) 229-6400