


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jun 05 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # J71259 (2)  
1. Corporation Name  
ADULT CARE RESIDENCE OF BOYNTON BEACH, INC.

|  |   |
|--|---|
| Principal Place of Business<br>% CARL LINDNER<br>701 E. CAMINO REAL<br>BOCA RATON FL 33432 | Mailing Address<br>% CARL LINDNER<br>701 E. CAMINO REAL<br>BOCA RATON FL 33432-6357 |
|--|---|



|  |  |  |  |   |                                       |
|--|--|--|--|---|---------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 25 |  | 2a. Mailing Address<br>26 3105 W. Scenic Drive<br>27 Suite, Apt. #, etc.<br>28 Danielsville, PA<br>29 18038 30 USA |  | 3. Date Incorporated or Qualified<br>05/06/1987 | 3a. Date of Last Report<br>06/12/1996 |
|--|--|--|--|---|---------------------------------------|

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>LINDER, CARL<br>701 E. CAMINO REAL<br>BOCA RATON FL 33432 |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|----------------------|---|--|
| TITLE                      | P                    | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LINDNER, CARL        | 1.2 NAME  | LINDNER, CARL W.   |
| STREET ADDRESS             | 701 E. CAMINO REAL   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BOCA RATON FL        | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | ST                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LINDNER, KATHLEEN L. | 2.2 NAME  |  |
| STREET ADDRESS             | 701 E. CAMINO REAL   | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | BOCA RATON FL        | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                    | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COLE, STEPHANIE      | 3.2 NAME  | S, T Cole, Stephanie M   |
| STREET ADDRESS             | 3105 W SCENIC DR     | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DANIELSVILLE PA      | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 4.2 NAME  |  |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 5.2 NAME  |  |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                      | 6.2 NAME  |  |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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: Stephanie M. Cole 5/23/97 610 837 6280

CR2E034 (9/96)