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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 10 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K71406

appears in Block 12 or Block 13 if changed, or on an attachment with an

(8)

BROOKDALE MANAGEMENT COMPANY SOUTH

Principal Place	e of Business	Mailing Address			E (Salain an reser libit actus éaste sint siant arau arau araus ataus ataus ataus			
226 BAL CROSS DR BAL HARBOUR FL 33154 US		PO BOX 6375 BAL HARBOUR FL 33154						
		US	U\$		3. Date Incorporated or Qualified 3a. Date of Last Report			
A D	I D	0- 14-16 4-4			03/09/1989	01/31/19		
 -	ace of Business	2a. Mailing Address			4. FEI Number	-	Applie	
21 Control And a	# .ale	26 Cuito Apt # oto			65-0120464	 		pplicable
Suite, Apt =	#, OIC.	Suite, Apt #, etc			5. Certificate of Status Desired		.75 Addi ee Requi	
City & State 23		City & State			Election Campaign Financing Trust Fund Contribution		5.00 Ma dded to F	
Zip	Country	Zip	Country		8. This corporation has liability for i			····
24	25	29	30			Yes No		·
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Re	pistered Agent		
SHE	PPARD, ARTHUR N		81 !	Name				
	LINCOLN RD		82 5	Street Addres	ss (P.O. Box Number is Not Acceptab	de)		
STE				01.0017100700	o (i to: box realisor to real viscopias	,0,		
	MI BCH FL 33139		83					
ુકુ			84 (City		105	Zip Cod	
				City		FL 85	ZIP Cod	ie
11. Pursuant t	to the provisions of Sections 607,050	2 and 607.1508, Florida Stat	utes, the above-r	named corpor	ration submits this statement for the p	urpose of chan	ging its re	gistered
 office or re agent. Lar 	egistered agent, or both, in the State m familiar with, and accept the oblig:	of Florida, Such change was ations of, Section 607,0505, [s authorized by th Florida Statutes	he corporation	n's board of directors. I hereby accep	it the appointme	ent as reg	jistered
~								
SIGNATURE	Signation, hyped or product name of registered age	ent and title 1 applicable. (N	OTE Registered Agent :	signature required	when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.	***************************************	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS II	N 12
TITLE	Р	☐ DELETE	1.1 TITLE	P		☐ Ci	nange _	Addition
NAME	SCHWARTZ, LEONARD H.		1.2 NAME	SCI	WARTZ. LEONARD H.	011	. D.	نے رہ
STREET ADDRESS	PO BOX 414120 NA		1.3 STREET AD	DORESS D	WARTZ, LEONARD H.	Del Clos	ا يمسك	
CITY-ST-7IP	MIAMI BCH FL		1.4 CITY - ST-7	ZIP RAT	L HARBOUR FL 33154			
TITLE	V	DELETE	2.1 TITLE		I III WILAM I II JULUI	☐ Ci	nange [Addition
NAME	SCHWARTZ, SAMUEL R.		2.2 NAME					
STREET ADDRESS	19 HARBOURAGE ISLE		23 STREET AD	DDRESS				
City St ZiP	FT LAUDERDALE FL		2 4 CITY - ST -	-ZIP				
TUTLE		DELETE	3 1 TITLE			□ Ci	nange [Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET AD	DORESS				
City - St - ZIP			3.4 CITY-ST-	-ZIP				
TITLE		DELETE	4.1 TITLE			C	nange _	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET AL	DORESS				
CITY - S1 - ZIP			4.4 CITY - ST - 2					
TITLE		DELETE	5.1 TITLE				hange	Addition
NAMÉ		_	5.2 NAME				-	-
STREET ADDRESS			5.3 STREET AD	DUBEGG				
CITY - S1 - ZiP			5.4 CITY - ST - 2					
THTEE		DELETE	6.1 TITLE	ZIF		□ c	hanne	Addition
NAMÉ			6.2 NAME			<u></u> •	90	
STREET ADDRESS			6.3 STREET AD	DUBLES				
ŀ								
CITY-\$1-7/P	by certify that the information supplie	d with this time does not no	6.4 City-St-		n Section 119.07(3)(i), Florida Statute	s. I further certif	v that the	<u></u>
informatio	in indicated on this annual report or s	supplemental annual report is	s true and accura	ate and that m	ny signature shall have the same lega	ıl effect as if ma	ide under	oath: that
Lam an of	flicer or director of the corporation or	the receiver or trustee empo	owered to execut	te this report a	as required by Chapter 607, Florida S	tatutes; and the	ıt my nam	ю