FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE.

DOCUMENT # **L75516** **(9)**

1. Corporation Name
DIMENSIONS AT CHAPEL TRAIL, INC.

Principal Place of Business	Mailing Address
15900 PINES BLVD PEMBROKE PINES FL 33027 US	15900 PINES BLVD PEMBROKE PINES FL 33027 US

3. Date Incorporated or Qualified: 05/24/1990
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business		2a. Mailing Address	
21	101 N.W. 72ND AVE	26	101 N.W. 72ND AVE
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23	Plantation FL	City & State 28	PLANTATION FL
Zip 24	33317	Zip 29	33317
Country 25	USA	Country 30	USA

4. FEI Number: 65-0214422 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MCARDLE, GEORGE E.
15900 PINES BLVD
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 101 NW 72ND AVE
83
84 City: PLANTATION FL 85 Zip Code: 33317

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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MCARDLE, GEORGE	1.2 NAME	
STREET ADDRESS	15900 PINES BLVD.	1.3 STREET ADDRESS	101 N.W. 72ND AVE
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	BAQRR, JOHN	2.2 NAME	BARR, JOHN
STREET ADDRESS	15900 PINES BLVD	2.3 STREET ADDRESS	101 N.W. 72ND AVE
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	BERNSTEIN, MICHAEL	3.2 NAME	
STREET ADDRESS	15900 PINES BLVD	3.3 STREET ADDRESS	101 N.W. 72ND AVE.
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	PLANTATION, FL 33317-2214
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	ROOP, ELIZABETH	4.2 NAME	
STREET ADDRESS	15900 PINES BLVD	4.3 STREET ADDRESS	101 N.W. 72ND AVE.
CITY-ST-ZIP	PEMBROKE PINES FL	4.4 CITY-ST-ZIP	PLANTATION, FL 33317-2214
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: G McArdle 4/18/95 305-584-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0116043 CP