

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).

0041508

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 SEP 11 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M03260 (0)
1. Corporation Name
PARK ADULT RESIDENTIAL FACILITY, INC.

Principal Place of Business
928 OCEAN DR
MIAMI BEACH FL 33139

Mailing Address
2216 PARK AVE.
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/27/1984

4. FEI Number

59-2437546

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

BARTON, IRA S.
2216 PARK AVE.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BARTON, IRA S.
STREET ADDRESS 2216 PARK AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002639051--7

-09/14/98--01144--012

150.00150.00

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 OF REGISTERED AGENT

B 98 Ar 9/14

2/27/98

305
339-566

CR2E034 (5/98)



BERKOWITZ DICK POLLACK & BRANT
CERTIFIED PUBLIC ACCOUNTANTS, LLP

ONE SOUTHEAST THIRD AVENUE
FIFTEENTH FLOOR
MIAMI, FLORIDA 33131

305-379-7000
FAX: 305-379-8200
800-999-1272

September 9, 1998

Mr. Tyrone Scott
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Park Adult Residential Facility, Inc.
Pioneer Adult Residential Facility, Inc.
Delta Adult Residential Facility, Inc.
Deco Walk Hotel and Golf Club, Inc.

Dear Mr. Scott:

Pursuant to our telephone conversation today, I am again submitting the 1998 Corporation Annual Reports for the above referenced corporations. I have also enclosed a check made payable to the Secretary of State in the amount of \$150.00 for each corporation and a letter of explanation requesting that the late filing fees be waived. As I indicated to you today on the telephone, the owner of these corporations has been doing business in Florida for many years and has always filed his reports on time. This year, due to unfortunate changes in his business management, and through no fault of his own, he did not learn that the reports were delinquent until he received second notices from the state. Since the owner of these corporations never received first notices from the state, you indicated that you may be able to abate the late filing penalties for each of the above referenced corporations. Your consideration regarding this matter is greatly appreciated.

If you should have any questions, please do not hesitate to call me.

Very truly yours,

Joan B. Stein, C.P.A.

Joan B. Stein
For The Firm

JBS/tcf

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