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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M19278 (4)

1. Corporation Name
VALLEY MANOR SOUTH, INC.

Principal Place of Business
% BARRY HALPERN
15053 SOUTH DIXIE HWY.
SOUTH MIAMI FL 33176-7830

Mailing Address
% BARRY HALPERN
15053 SOUTH DIXIE HWY.
SOUTH MIAMI FL 33176-7830

3. Date Incorporated or Qualified
08/12/1985

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STANLEY, RUBY
8128 SW 83 PL
MIAMI FL 33143

4. FEI Number
59-2563071

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

31 Name

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

33

34 City

FL

35

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I am the owner, officer 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.

I, the above-named corporation submits this statement for the purpose of changing its registered agent by the corporation's board of directors. I hereby accept the appointment as registered agent.

SIGNATURE

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

(NOTE: Reg

Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
HALPERN, BARRY
STREET ADDRESS 15053 SO. DIXIE HWY.
CITY-ST-ZIP SO. MIAMI FL 33176

TITLE ☐ DELETE

NAME VD
HALPERN, GEOFFREY
STREET ADDRESS 18778 BERMUDA
CITY-ST-ZIP NORTHBRIDGE CA 91324

TITLE ☐ DELETE

NAME S
STANLEY, RUBY
STREET ADDRESS 8128 SW 83 PL
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for
information indicated on this annual report or supplemental annual report is true and
I am an officer or director of the corporation or the receiver or trustee empowered to
appear in Block 12 or Block 13 if changed, or on an attachment with an address.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
accurate and that my signature shall have the same legal effect as if made under oath; that
I execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0239719

CR2E034 (9/96)