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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1995**

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

DOCUMENT # **N32025** (1)

1. Corporation Name

**DELRAY BEACH SENIOR LIVING CENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O HARRY RAPPAPORT<br>7819 GLEN GARRY LANE<br>DELRAY BEACH FL 33446 | C/O HARRY RAPPAPORT<br>7819 GLEN GARRY LANE<br>DELRAY BEACH FL 33446 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0136702 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 c/o Bess Cor | 26 22344 SW 57 CIRCLE |
| Suite, Apt. #, etc. 22 Boca Raton FL | Suite, Apt. #, etc. 27 |
| City & State 23 22344 SW 57 Circle | City & State 28 Boca Raton FL |
| Zip 24 33428 Country 25 | Zip 29 33428 Country 30 |

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| RAPPAPORT, HARRY<br>7819 GLEN GARRY LANE<br>DELRAY BEACH FL 33446 | 81 Name: Bess Cor<br>82 Street Address (P.O. Box Number is Not Acceptable): 22344 SW 57 Circle<br>83<br>84 City: Boca Raton FL FL 85 Zip Code: 33428 |

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: Bess Cor — 4/19/95 — 4/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DPC | 1.1 TITLE | DPC | ☑ Change ☐ Addition |
| NAME | RAPPAPORT, HARRY | 1.2 NAME | BESS COR | |
| STREET ADDRESS | 7819 GLEN GARY LANE | 1.3 STREET ADDRESS | 22344 SW 57 CIRCLE | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | BOCA RATON FL 33428 | |
| TITLE | D | 2.1 TITLE | DIR | ☑ Change ☐ Addition |
| NAME | LEON, DAVID J. | 2.2 NAME | ADE COR | |
| STREET ADDRESS | 14609 SUNNYWATERS LANE | 2.3 STREET ADDRESS | 22344 SW 57 Circle | |
| CITY-ST-ZIP | DELRAY BEACH FL | 2.4 CITY-ST-ZIP | BOCA RATON FL 33428 | |
| TITLE | D | 3.1 TITLE | DIR | ☑ Change ☐ Addition |
| NAME | KESSLER, BEN | 3.2 NAME | EVELYN RAPPAPORT | |
| STREET ADDRESS | 294 BRITANY G | 3.3 STREET ADDRESS | 100 F WOLVERTON "A" | |
| CITY-ST-ZIP | DELRAY BCH FL | 3.4 CITY-ST-ZIP | BOCA RATON FL 33434 | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Bess Cor — 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000618