

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

~~* BESS COR~~ **BESS COR**
~~22344 SW 57 CIRCLE~~ **2001 GRANADA DRIVE**
~~BOCA RATON FL 33428~~ **BOCA RATON FL 33428**
~~US~~ **US**
Coconut Creek, FL 33066

3. Date Incorporated or Qualified
05/01/1989

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **2001 GRANADA DRIVE, A-1**

26 **2001 GRANADA DRIVE, A-1**

4. FEI Number
65-0136702

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Coconut Creek, FL**

27 **Coconut Creek, FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

City & State

City & State

23 Zip **33066**

Country **USA**

28 Zip **33066**

Country **USA**

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

BESS, COR
22344 SW 57 AVE
BOCA RATON FL 33428

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE
NAME **DPC**
STREET ADDRESS **COR, BESS**
CITY - ST - ZIP **22344 SW 57 CIRCLE**
BOCA RATON FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **COR, ABE**
CITY - ST - ZIP **22344 SW 57 CIR**
BOCA RATON FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **RAPPAPORT, EVELYN**
CITY - ST - ZIP **1005 WOLVERTON "A"**
BOCA RATON 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

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

DATE

Daytime Phone

15 6/22/96

CR2E037 (12/95)