

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N32025  
1. Corporation Name  
DELRAY BEACH SENIOR LIVING CENTER, INC.

Principal Place of Business: % BESS COR, 2001 GRANADA DRIVE, A-1, COCONUT CREEK FL 33066 US  
Mailing Address: % BESS COR, 2001 GRANADA DRIVE, A-1, COCONUT CREEK FL 33066 US

2. Principal Place of Business: 21 7870 NW 11th Place, Suite, Apt. #, etc. 22  
23 City & State: Plantation FL, Zip: 33322, Country: USA  
24 33322 25 USA 26 7870 NW 11th Place, Suite, Apt. #, etc. 27  
28 City & State: Plantation FL, Zip: 33322, Country: USA 29 33322 30 USA

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99 NOV 22 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



9. Name and Address of Current Registered Agent  
-BESS, COR  
2001 SW 57 AVE  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent  
81 Name: IRAL COR  
82 Street Address (P.O. Box Number is Not Acceptable): 7870 NW 11th Place  
83  
84 City: Plantation FL 85 33322

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: *J. Co* DATE: 11/19/99

12. OFFICERS AND DIRECTORS

TITLE	BPC Sec./Dir	<input type="checkbox"/> DELETE
NAME	COR, BESS	
STREET ADDRESS	2001 GRENADA DRIVE, #A-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAPPAPORT, EVELYN	
STREET ADDRESS	1005 WOLVERTON "A"	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, HOWARD	
STREET ADDRESS	700 SE 8TH AVE #212	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	PRES / Dir	<input type="checkbox"/> DELETE
NAME	IRALCOR	
STREET ADDRESS	7870 NW 11th Place	
CITY-ST-ZIP	Plantation FL 33322	
TITLE	President / Director	<input type="checkbox"/> DELETE
NAME	TINA COR	
STREET ADDRESS	7870 NW 11th Place	
CITY-ST-ZIP	Plantation FL 33322	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	SP
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *BESS COR* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: April 12, 1999 954-797800  
October 2, 1999 954-797-800

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