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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N46803

(5)

DEVELOPMENTAL LIVING FACILITIES OF SOUTH FLORIDA , INC.

		Mailing Address]			
21 NEWPORT DEERFIELD BE	B EACH FL 33442	21 NEWPORT B DEERFIELD BEACH FL	. 33442						
						 Date incorporated or Qualified 01/13/1992 		te of Last 01/25/1	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
ī		26			65-0307559			Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
!		27							Required
City & State		City & State				6. Election Campaign Financing			May Be
L		28	1 00			Trust Fund Contribution			to Fees
- <i>Ζ</i> φ Π	Country	Zip	30	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren	29 Annietered Agent	[30]	r		10. Name and Address of New R			
-	g. Hame and Address of Curren	it tregistered Agent		81	Name		•		
									
	V. DONALD			82 Street Addr		ress (P.O. Box Number is Not Acceptable)			
	ROSPERITY FARMS ROAD			83					
SUITE 20									
PALM BE	EACH GARDENS FL 33410			84	City		FL	85 Zij) Code
1 Dumanaalt	to the manifolding of Costings 617.060	2 and 617 1508. Florida Statut	toc the sh		named corn	oration submits this statement for the pur		nging its r	egistered off
or registere	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authori:	ized by the	corp	oration's bo	pard of directors. I hereby accept the appoint	ointment as	registered	agent. I am
IGNATURE _	Signature, typed or printed name of registered age:	c and tote if applicable (N	IOTE Flegisten	red Ager	nt signature requ	ared when reinstating)	DATE		
2.	OFFICERS AN	ID DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFF			
FLE	D	□ DELETE	1.1	TITLE			Į.	Change	Additio
AME .	CASH, JOHN		1.2	NAME					
TREET ADDRESS	4996 SABLE PINE CIRC.#B1		1.3	STREET	ADDRESS				
ITY - ST - ZiP	WEST PALM BEACH FL		1.4	CITY-S	T-ZIP				The same
								Change	Additio
ITLE	D	DELETE	21	TiTLE					
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SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-96

Daytime Phone #

CR2E037 (12/95)