

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 20 AM 11:22

DOCUMENT # N94000002021 (3)

1. Corporation Name

MENORAH MANOR ASSISTED LIVING, INC.

Principal Place of Business Mailing Address
255 - 59TH STREET NORTH ST. PETERSBURG FL 33710 **255 - 59TH STREET NORTH ST. PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1994	3a. Date of Last Report
4. FEI Number 59-324192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

**SEIDEN, MARSHALL
255 - 59TH STREET NORTH
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELIGMAN, LEONARD	1.2 NAME	
STREET ADDRESS	2912 TORREY PINE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34821	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISSMAN, IRVING	2.2 NAME	
STREET ADDRESS	1380 GULF BLVD., PH-8	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34830	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, IRWIN W	3.2 NAME	
STREET ADDRESS	4704 SAN RAFAEL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMSON-JOSEPH, MARION	4.2 NAME	
STREET ADDRESS	6950 CENTRAL AVE., SUITE 160	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBLE, JAMES ESO	5.2 NAME	
STREET ADDRESS	2098 SANDPIPER PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34829	5.4 CITY-ST-ZIP	
TITLE	DS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBLUM, BARBARA	6.2 NAME	
STREET ADDRESS	7 AMBLESIDE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 34610	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 110.07(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, changed, or on an attachment with an address.

SIGNATURE: *x Marshall Seiden* **MARSHALL SEIDEN** 2/14/95 89-345-2725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR