

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 MAY -1 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P21060 (9)

1. Corporation Name

LIFECARE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

409 W. HALLENDALE BCH. BLVD.
207
HALLENDALE BEACH FL 33009

1209 N. ORANGE STREET
WILMINGTON DE 19801

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/27/1988

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0056186

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 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:

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CHIRAS DAVID L.
STREET ADDRESS 409 W. HALLENDALE BEACH BLVD. # 207
CITY-ST-ZIP HALLENDALE BEACH FL 33009

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CD
NAME WEISSMAN, MICHAEL H.
STREET ADDRESS 407 W. HALLENDALE BEACH BLVD. # 207
CITY-ST-ZIP HALLENDALE BEACH FL 33009

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME SMALL, JESSE I.
STREET ADDRESS 407 HALLENDALE BEACH BLVD. # 207
CITY-ST-ZIP HALLENDALE BEACH FL 33009

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME FOREST, IRWIN
STREET ADDRESS 409 W. HALLENDALE BEACH BLVD. # 207
CITY-ST-ZIP HALLENDALE BEACH FL 33009

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BIMBLER, FREDERICK
STREET ADDRESS 409 W. HALLENDALE BEACH BLVD. # 207
CITY-ST-ZIP HALLENDALE FL 33009

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-96 954-4588-5A70

CR2E034 (12/95)