

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**May 01, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **P93000002491 (7)**

1. Corporation Name  
**AVANTE AT BOCA RATON, INC.**



Principal Place of Business  
**4000 HOLLYWOOD BLVD.  
SUITE 540 NORTH  
HOLLYWOOD FL 33021**

Mailing Address  
**4000 HOLLYWOOD BLVD.  
SUITE 540 NORTH  
HOLLYWOOD FL 33021**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified **01/06/1993** 3a. Date of Last Report **04/26/1995**

4. FUI Number **65-0377878** 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

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 607.0607 and 607.1609, 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 607.0609, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p><input type="checkbox"/> DELETE</p> <p>1. TITLE <b>DP</b></p> <p>2. NAME <b>OSTROFF, RON</b></p> <p>3. STREET ADDRESS <b>4000 HOLLYWOOD BLVD #540N</b></p> <p>4. CITY - ST - ZIP <b>HOLLYWOOD FL</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1. TITLE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY - ST - ZIP</p>
<p><input type="checkbox"/> DELETE</p> <p>1. TITLE <b>DV</b></p> <p>2. NAME <b>KRANZ, ALAN</b></p> <p>3. STREET ADDRESS <b>4000 HOLLYWOOD BLVD #530N</b></p> <p>4. CITY - ST - ZIP <b>HOLLYWOOD FL</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1. TITLE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY - ST - ZIP</p>
<p><input type="checkbox"/> DELETE</p> <p>1. TITLE <b>DT</b></p> <p>2. NAME <b>LICHTMAN, HARVEY L</b></p> <p>3. STREET ADDRESS <b>4000 HOLLYWOOD BLVD., SUITE 540 NO.</b></p> <p>4. CITY - ST - ZIP <b>HOLLYWOOD FL</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1. TITLE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY - ST - ZIP</p>
<p><input type="checkbox"/> DELETE</p> <p>1. TITLE <b>S</b></p> <p>2. NAME <b>CURTIS, SHARON</b></p> <p>3. STREET ADDRESS <b>4000 HOLLYWOOD BLVD #540N</b></p> <p>4. CITY - ST - ZIP <b>HOLLYWOOD FL</b></p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1. TITLE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY - ST - ZIP</p>
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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 supplementary 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 I am a registered agent, or on an appointment with an address.

SIGNATURE: *Ron Ostroff* **Ron Ostroff** **4/26/96** **(954) 987-7180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)