FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000002491 (7)

AVANTE AT BOCA RATON, INC.

Principal Place of Business

Mailing Address

FILED Feb 16 1998 8:00am Secretary of State



4000 HOLLYWOOD BLVD. SUITE 540 NORTH HOLLYWOOD FL 33021		4000 HOLLYWOOD BLVD. SUITE 540 NORTH HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1993
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						65-0377878 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired See Required Fee Required
Crty & Sta	ate	City & State	·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Country Zip Country			,	8. This corporation owes or has paid the current year intangible
24	25 29 30				Personal Property Tax due June 30. Yes No	
	g, Name and Address of Cu	· ·		+		10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
I.	ALLAHASSEE FL 32301			03		
				84	City	FL 85 Zip Code
SIGNATURE	Signature, typod or printed name of regulare		OTE Register	ed Age		corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered a required when reinsisting) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	1 DP	AND DIRECTORS DELETE	13.	TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	OSTROFF, RON			1.2 NAME		- Composition of the control of the
STREET ADDRESS 4000 HOLLYWOOD BLVD #540N		#540N	1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 (CITY-S	IT-ZIP	
TITLE	DV DELETE		2.1 1	2.1 TITLE		☐ Change ☐ Additio
NAME	KRANZ, ALAN		2.21	NAME		
STREET ADDRESS			2.3 5	STREET	ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL DT TORLEYE			2. 4 CITY - ST - ZIP		
TITLE	DT DELETÉ LICHTMAN, HARVEY L			3.1 TITLE		Change Addition
NAME	ACCO HOLLISHOOD DIAM CHIEF EACHO		1	3.2 NAME		
STREET ADDRESS	HOLLAHOOD EL			3.3 STREET ADDRESS 3.4. City-St-ZiP		
CITY-ST-ZIP TITLE	8	DELETE		CITY-S TITLE	S1-ZIP	Change Additio
NAME	CURTIS, SHARON	E_ occur		NAME		
STREET ADDRESS	TARRELIALISMUS ON DILLO	#540N			ADDRESS	
CITY-ST-ZIP	HOLLINGOD FI		1	4.4 CITY-ST-ZIP		
TITLE				IITLE		Change Additio
NAME			5.21	NAME		
STREET ADDRESS			5.3 5	STREET	ADDRESS	
CITY-ST-ZIP			540	CITY-S	1-ZIP_	
TITLE	T	DELETE	611	ITLE		Change Addition

14. Thereby certify that the information supplied with this filling 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 trusted 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 an attachment with a address.

61 TITLE

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELFTE