FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000038664 (6)**

1. Corporation Name

GOLDEN CARE LIVING CENTERS, INC.

Principal Place of Business	Mailing Address
830 BALLARD DRIVE MELBOURNE FL 32935	830 BALLARD DRIVE MELBOURNE FL 32935

3. Date Incorporated or Qualified: **05/23/1994**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-3238913** [ ] 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 [ ] Yes [ ] No liability for intangible tax under s. 199.032, Florida Statutes.

2. Principal Place of Business

21 | 830 Ballard DR
Suite, Apt. #, etc.
22 |
City & State
23 | Melbouevey, Floeida
Zip 24 | 32935 Country 25 | USA

2a. Mailing Address

26 | 830 Ballard DR
Suite, Apt. #, etc.
27 |
City & State
28 | Melbourne, fl
Zip 29 | 32935 Country 30 | USA

9. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

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 Required Only When Changing Registered Agent Address Below) (Date Required Only When Changing Registered Agent Address Below) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	GORDON, BRADLEY L SR.	
STREET ADDRESS	803 BALLARD DR.	
CITY-ST-ZIP	MELBOUNRE FL 32935	
TITLE	D	[ ] DELETE
NAME	GORDON, DEBRA L	
STREET ADDRESS	803 BALLARD DR.	
CITY-ST-ZIP	MELBOUNRE FL	
TITLE	D	[ ] DELETE
NAME	ROBINETTE, DAVID A	
STREET ADDRESS	803 BALLARD DR.	
CITY-ST-ZIP	MELBOUNRE FL 32935	
TITLE	D	[ ] DELETE
NAME	ROBINETTE, LAURA L	
STREET ADDRESS	803 BALLARD DR.	
CITY-ST-ZIP	MELBOUNRE FL 32935	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS	830 BALLARD DR.	
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS	830 Ballard DR.	
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS	830 Ballard DR	
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS	830 BALLARD DR	
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 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: Debra L. Gordon Secretary 3/31/96 916-987-8022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone Number