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

PROFIT CORPORATION ANNUAL REPORT 1997

TITLE NAME

STREET ADDRESS

appears in Block 12 or Block 13 if charged, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000013304 (7)

DANIA BEACH RETIREMENT CENTER, INC.

Mailing Address Principal Place of Business 9978 N SPRINGS WAY 706 SW 4TH TERR CORAL SPRINGS FL 33076-2408 DANIA FL 33004 3a. Date of Last Report 3. Date Incorporated or Qualified 02/13/1995 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business 65-0563921 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Zip Country 8. This corporation has fiability for intangible tax under s. 199.032 Yes No 30 Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent JADOO, LIONEL N 9978 NORTH SPRINGS WAY 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33076** 83 Zip Code **B4** 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 Forida. Such change was authorized by the corporation's board of directors. Thereby 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 registured agent and title if applicable (NCI): Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TO LE TITLE PSTD 1.2 NAME JADOO, LIONEL N NAME STREET ADDRESS 9978 NORTH SPRINGS WAY 1.3 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33076 1.4 C(1) Y - S1 - Z(P Change Addition DELETE 21 THE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DETETE Change Addition 3 1 THUE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City-St-ZiP CITY-ST-ZIP Change Addition DELFTE TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZiP Change ____ Addition DELETE 511/11 TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-7iP CITY-ST-ZIP DELETE

6.1 THUE

6.2 NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I full the end and the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as a lade 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