

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

1082

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000019417 (1)

1. Corporation Name

GREATER MIAMI ADULT DAY SERVICES, INC.

Principal Place of Business

10685 SW 88TH ST.  
MIAMI FL 33176

Mailing Address

10685 SW 88TH ST.  
MIAMI FL 33176-1510

FILED

97 JUL -7 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BUCK, MIKHEL C  
380 N.E. 91ST ST.  
MIAMI SHORES FL 33138

3. Date Incorporated or Qualified  
03/09/1995

3a. Date of Last Report  
06/25/1996

4. FEI Number  
65-0566787

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

BUCK, MIKHEL C.

82 Street Address (P.O. Box Number is Not Acceptable)

1800 N.E. 114th Street #1104

83

84 City

N. Miami

FL

85 Zip Code  
33181

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BUCK, MIKHEL C  
STREET ADDRESS 380 N.E. 91ST ST.  
CITY-ST-ZIP MIAMI SHORES FL 33138

☐ DELETE

TITLE VD  
NAME DEUTSCHBERGER, RITA  
STREET ADDRESS 1705 N.E. 118TH ROAD  
CITY-ST-ZIP NORTH MIAMI FL 33181

☐ DELETE

TITLE TD  
NAME BUA, MARY A  
STREET ADDRESS 2 SHADY LANE  
CITY-ST-ZIP LODI NJ 07644

☐ DELETE

TITLE S  
NAME DROZD, ALLEN  
STREET ADDRESS 15720 BULL RUN RD. #478  
CITY-ST-ZIP MIAMI LAKES FL 33014

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME 800002236408--9  
2.3 STREET ADDRESS -07/11/97--01110--018  
2.4 CITY-ST-ZIP \*\*\*\*\*165.00 \*\*\*\*\*165.00

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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.

CR2E034 (9/96)

20f2

**RAYMOND R. BEITRA, P.A.**

ATTORNEY AT LAW  
FINANCIAL FEDERAL BUILDING  
407 LINCOLN ROAD, SUITE 8-G  
MIAMI BEACH, FLORIDA 33139  
—  
TELEPHONE 673-3370

July 1, 1997

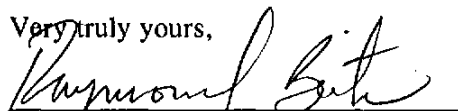
Dear Sir/Madam:

Enclosed please find a signed 1997 Profit Corporation Annual Report and a check in the amount of \$165.00.

I apologize for the delay. The person in charge (signer) was out of the country for the last three months.

Thank you for your cooperation in this matter. If you have any further questions please do not hesitate to contact my office.

Very truly yours,

  
Raymond R. Beitra, Esq.