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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058701 (0)

SAFE HARBOUR RETIREMENT HOME, INC.

		·						ļ				
Principal Plac	e of Business		Maili	ing Address	• •				4 40 M14001 340 10401 04114 00141	88 111 89 111 8810 1 1		IDI AKTI HEDI
2810 SW 14TH AVENUE		4590 N MERIDIAN AVE										
FORT LAUDER	RDALE FL 33315		MIA	MI BEACH FL 3314	10			i	DO NOT	MOTE IN THE	0.004.05	
US									3. Date Incorporated or Qua	WRITE IN THI	S SPACE	
									07/28/1995	alinea		
2. Principal P	Place of Business	····	2a. N	Mailing Address					4, FEI Number	-		pplied For
21	DALE FL 33315 ace of Business		26	3					65-0609303		├ ──	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.									Additional
22			27					5. Certificate of Status Desir	ed 🔲	Fee R	equired	
City & State			City & State					6. Election Campaign Finan		\$5.00	May Be	
23			28					Trust Fund Contribution		Added	to Fees	
Zip	├	Country	Z	(p	\vdash	ountry	,		8. This corporation owes or	•	, ,	
24	25	Address of Commun.	29]		30]	1			Personal Property Tax du			No
	 	Address of Current	Hediste	red Agent		81	Name		10. Name and Address of N	ew negistere	o Agent	
	LDENBERG, MA						110					
	90 NORTH MERI					82	Street	eet Address (P.O. Box Number is Not Acceptable)			j	
MIA	AMI BEACH FL	33 140				83	i					
						84	City			F	85 Zip	Code
11. Pursuant	to the provisions of	of Sections 607.0502	and 607	.1508, Florida Sta	tutes, the	above	e-named	d corpora	ation submits this statement for 's board of directors. I hereby			ts registered
office or r	registered agent, c	or both, in the State o	f Florida	Such change wa	is authoriz	ed hu	other post	rporation'	's board of directors. I hereby	accept the a	ppointment as	renistared
agent la	ım familiar with ar	nd accept the obligati	ions of S	Section 607 0505	Florida St	atutes	y tine con	•	<i>'</i>			rogistered
agent I a	ım familiar with, an	nd accept the obligati	ions of, S	Section 607.0505,	Florida St	atutes	s.	,	Ź		, ,	registered
agent I a SIGNATURE	m familiar with, an	nd accept the obligation again	ions of, S	Section 607.0505,	Florida St	atutes	S.		vhen reinstating)	DATE		
agent I a SIGNATURE	m familiar with, an	nd accept the obligati	ions of, S	section 607.0505, applicable (N	Florida St	atutes	S.			DATE	ND DIRECTOR	RS IN 12
agent. I a SIGNATURE 12. TITLE	m familiar with, an	nd accept the obligation of the control of the cont	ions of, S	Section 607.0505,	Florida St. IOTE: Register 13	atutes red Age TITLE	S.		vhen reinstating)	DATE		
Agent. I a SIGNATURE 12. TITLE NAME	on familiar with, an Signature, typed or print D MCCURDY, J	nd accept the obligation of the college of the coll	ions of, S	section 607.0505, applicable (N	Florida St. IOTC: Register 1.1 1.2	atutes red Age . TITLE NAME	S. ent signature		vhen reinstating)	DATE	ND DIRECTOR	RS IN 12
Agent I a SIGNATURE 12. TITLE NAME STREET ADDRESS	D MCCURDY, J	od accept the obligation of manie of registered against OFFICERS AND IOHN H IDIAN AVE	ions of, S	section 607.0505, applicable (N	IOTC: Register 13 1.1 1.2 1.3	red Age . TITLE NAME	S. ent signature		vhen reinstating)	DATE	ND DIRECTOR	RS IN 12
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCURDY, J 4590 N MER MIAMI BEAC	od accept the obligation of manie of registered against OFFICERS AND IOHN H IDIAN AVE	ions of, S	Socition 607.0505, Providente (6 ORS DELETE	13 1.1 1.2 1.3 1.4	red Age TITLE NAME STREET CITY-S	S. ent signature		vhen reinstating)	DATE	ND DIRECTOR Change	RS IN 12
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCCURDY, J 4590 N MER MIAMI BEAC	OFFICERS AND JOHN H JOIAN AVE H FL 33140	ions of, S	section 607.0505, applicable (N	13 1.1 1.2 1.3 1.4 2.1	red Age TITLE NAME SYREET CITY-S TITLE	S. ent signature		vhen reinstating)	DATE	ND DIRECTOR	RS IN 12
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCCURDY, J 4590 N MER MIAMI BEACE D GOLDENBER	OFFICERS AND JOHN H JDIAN AVE H FL 33140 G, MARCIA	ions of, S	Socition 607.0505, Providente (6 ORS DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2	red Age . FITLE NAME STREET CITY-S TITLE NAME	s. ent signature ADDRESS ST - ZIP		vhen reinstating)	DATE	ND DIRECTOR Change	RS IN 12
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	Socition 607.0505, Providente (6 ORS DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2 2.3	red Age . TITLE NAME STREET CITY-S TITLE NAME STREET	s. ADDRESS ADDRESS ADDRESS		vhen reinstating)	DATE	ND DIRECTOR Change	RS IN 12
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	D MCCURDY, J 4590 N MER MIAMI BEACE D GOLDENBER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE	NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	red Age . YITLE NAME SYREET CITY-S TITLE NAME STREET CITY-S CITY-S	s. ADDRESS ADDRESS ADDRESS		vhen reinstating)	DATE	ND DIRECTOR Change Change	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	Socition 607.0505, Providente (6 ORS DELETE	IOTE Register IOTE Register IOTE Register IOTE Register IOTE IOTE	red Age TITLE NAME SYREET CITY-S TITLE NAME STREET CITY-S TITLE	s. ADDRESS ADDRESS ADDRESS		vhen reinstating)	DATE	ND DIRECTOR Change	RS IN 12
Agent I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE	IOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	red Age TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME CITY-S TITLE	ant signature ADDRESS T-ZIP ADDRESS ST-ZIP		vhen reinstating)	DATE	ND DIRECTOR Change Change	RS IN 12 Addition Addition
Agent I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE	IOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	THE AGE THE AG	ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS		vhen reinstating)	DATE	ND DIRECTOR Change Change	RS IN 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE	IOTE Register IOTE Register IOTE Register IOTE Register IOTE IOTE	TITLE NAME STREET NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME CITY-S TITLE NAME CITY-S TITLE NAME CITY-S TITLE NAME	ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS		vhen reinstating)	DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition
Agent I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE	IOTE Register IOTE Register IOTE Register IOTE Register IOTE IOTE	ATUTOS TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME TITLE NAME TITLE	ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS		vhen reinstating)	DATE	ND DIRECTOR Change Change	RS IN 12 Addition Addition
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE	IOTE Register IOTE Register IOTE Register IOTE Register IOTE IOTE	THE AGE THE STREET CHY-S THE NAME STREET CHY-S THE NAME STREET CHY-S THE NAME STREET CHY-S THE NAME	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		vhen reinstating)	DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE	IOTE Register IOTE Register IOTE Register IOTE IO	THE AGE THE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS		vhen reinstating)	DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE DELETE DELETE	IOTE Register IOTE Register IOTE Register IOTE IO	ATUTOS TOTAL T	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS		vhen reinstating)	DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE	IOTE Register IOTE Register IOTE Register IOTE Register IOTE IOTE	TITLE NAME STREET CITY-S TITLE	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS		vhen reinstating)	DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE DELETE DELETE	IOTE Register IOTE Register IOTE Register IOTE Register IOTE IOTE	ATUTOS TOTAL AGE TOT	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		vhen reinstating)	DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE DELETE DELETE	Florida St. IOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 4.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3	ATUTOS TOTAL AGE TOT	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		vhen reinstating)	DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition
AGENT I A SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MCCURDY, J 4590 N MER MIAMI BEACI D GOLDENBER 4590 N MER	OFFICERS AND OFFICERS AND IOHN H IDIAN AVE H FL 33140 IG, MARCIA IDIAN AVE	ions of, S	ORS DELETE DELETE DELETE	Florida St. 13	ATUTOS TOTAL AGE TOT	ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		vhen reinstating)	DATE	ND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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, on an attachment with an address.