

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90140 006 ***158.75

DOCUMENT # P96000026494

1. Corporation Name

COURTLEIGH MANOR RETIREMENT HOME, INC.

Principal Place of Business
2770-2778 N.W. 58 TERRACE
LAUDERHILL FL 33313

Mailing Address
7325 N.W. 54 STREET
LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1996

4. FEI Number

65-0657415

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

□ Yes

□ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FO, DARRAN A
11187 NW 38 PLACE
SUNRISE FL 33351

81 Name
INDERJIT S. MALHOTRA

82 Street Address (P.O. Box Number is Not Acceptable)
10880 HANDEL PL

83

84 City
BOCA RATON

FL

85 Zip Code
33498

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

INDERJIT S. MALHOTRA

4-29-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME FO, DARRAN A
STREET ADDRESS 11187 N.W. PL.
CITY-ST-ZIP SUNRISE FL 33351

DELETE

TITLE D
NAME MILES, GARTH
STREET ADDRESS 7325 N.W. 54 STREET
CITY-ST-ZIP LAUDERHILL FL 33319

DELETE

TITLE D
NAME MILES, DOROTHY M
STREET ADDRESS 7325 N.W. 54 STREET
CITY-ST-ZIP LAUDERHILL FL 33319

DELETE

TITLE D
NAME SCOTT, HAZEL
STREET ADDRESS 2778 N.W. 58 TERRACE
CITY-ST-ZIP LAUDERHILL FL 33313

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE PRESIDENT
1.2 NAME INDERJIT S. MALHOTRA
1.3 STREET ADDRESS 10880 HANDEL PL
1.4 CITY-ST-ZIP BOCA RATON, FL-33498

Change Addition

2.1 TITLE V.P./SECT.
2.2 NAME KALPANA MACWAN
2.3 STREET ADDRESS 22078 CONCHA AVE
2.4 CITY-ST-ZIP BOCA RATON, FL-33428

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)