

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 01 1998 8:00am
Secretary of State

DOCUMENT # P96000100493 (1)
Corporation Name
ELDER CARE VILLAGE, INC.



Principal Place of Business
**800-810 SW 9TH COURT
POMPANO BEACH FL 33060**

Mailing Address
**800-810 SW 9TH COURT
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified

12/12/1996

FEI Number

65-0723632

Applied For

Not Applicable

Certificate of Status Desired

**\$8.75 Additional
Fee Required**

Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business

Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

**MANCINO, DENNIS J
800-810 SW 9TH COURT
POMPANO BEACH FL 33060**

81 Name

MANCINO DENNIS J.

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

407 LINCOLN RD, STE 5 B

83

84 City

MIAMI BEACH

FL

85 Zip Code
33139

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

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PTD
MANCINO, DENNIS P
800-810 SW 9TH COURT
POMPANO BEACH FL 33060**

☐ DELETE

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

President ☒ Change ☐ Addition
**MANCINO DENNIS J
407 LINCOLN RD, STE 5B
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
MANCINO, DENNIS J
800-810 SW 9TH COURT
POMPANO BEACH FL 33060**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VICE President ☒ Change ☐ Addition
**MANCINO DENNIS P.
407 LINCOLN RD, STE 5B
MIAMI BEACH, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

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.

CR2E034 (10/97)