

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S93579** (8)

1. Corporation Name

CONCORDE RETIREMENT COMMUNITY, INC.



Principal Place of Business

Mailing Address

**5850 MARGATE BLVD
MARGATE FL 33063
US**

**5850 MARGATE BLVD
MARGATE FL 33063
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25 30

3. Date Incorporated or Qualified
11/13/1991

3a. Date of Last Report
04/11/1995

4. FEI Number

65-0301240

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

**GICHON, GADI
3082 NW 60TH AVE.
SUNRISE FL 33313**

81 Name

Stuart S. Rosenthal, Esq.

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

800 East Cypress Creek Road #303

83

84 City

Fort Lauderdale

FL

85 Zip Code

33334

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

STUART S. ROSENTHAL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **GICHON, GADI**
STREET ADDRESS **3082 NW 60 AVE**
CITY - ST - ZIP **SUNRISE FL 33313**

TITLE **DV** ☒ DELETE

NAME **GICHON, PATRICIA**
STREET ADDRESS **3082 NW 60 AVE**
CITY - ST - ZIP **SUNRISE FL 33313**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Gichon, Gadi**
1.3 STREET ADDRESS **4515 North State Road 7**
1.4 CITY - ST - ZIP **Lauderdale, Lakes, FL 33319**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GADI GICHON, PRESIDENT

Date

Daytime Phone #

4/9/89 454-7336163

CR2E034 (12/95)