

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

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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V08245** (5)
1. Corporation Name
ROYAL PALM SENIOR RESIDENCE OF FT. LAUDERDALE, I NC.



Principal Place of Business
**5121 N.E. 19TH AVENUE
FORT LAUDERDALE FL 33308**

Mailing Address
**5121 N.E. 19TH AVENUE
FORT LAUDERDALE FL 33308-3712**

3. Date Incorporated or Qualified **01/22/1992** 3a. Date of Last Report **03/13/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0308981		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KINKER, LEONARD
2929 E. COMMERCIAL BLVD.
SUITE 208
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name **DIANE LAZURE**
82 Street Address (P.O. Box Number is Not Acceptable)
5121 NE 18TH TERRACE
83 City
FORT LAUDERDALE FL 85 Zip Code
33308

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 X

Diane Lazure
Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January: 28: 97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	COMPANY SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, JOHN A	1.2 NAME	DIANE LAZURE
STREET ADDRESS	5121 N.E. 18TH TERRACE	1.3 STREET ADDRESS	5121 NE 18TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	TIFFANY LAZURE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAZURE, DIANE	2.2 NAME	
STREET ADDRESS	5121 N.E. 18TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TIFFANY LAZURE
STREET ADDRESS		3.3 STREET ADDRESS	5121 NE 18TH TERRACE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: X *Diane Lazure* **DIANE LAZURE** 97: 01: 28 954-491-4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)