[redacted]

FILED
Sep 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V08245

1. Corporation Name
ROYAL PALM SENIOR RESIDENCE OF FORT LAUDERDALE. INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address
21 5120 NE 18 TERRACE	26 5121 NE 19 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FORT LAUDERDALE	28 City & State: FT LAUDERDALE
24 Zip: 33308 25 Country: USA	29 Zip: 33308 30 Country: USA

4. FEI Number: 65-0308981 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEONARD RINKER.
BARNETT BANK TOWER
2929 EAST COMMERCIAL BLVD
208
FORT 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 18 TERRACE # 3
83
84 City: FORT LAUDERDALE **FL** 85 Zip Code: 33308

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: [signature] DIANE LAZURE: PRES. 98 09 01
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	TREASURER ☒ DELETE	1.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	TIFFANY LAZURE	1.2 NAME	TIFFANY LAZURE
STREET ADDRESS	5121 NE 18 TERRACE # 1	1.3 STREET ADDRESS	5121 NE 18 TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL. 33308	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33308
TITLE	PRESIDENT | SECRETARY ☐ DELETE	2.1 TITLE	PRESIDENT | SECRETARY ☒ Change ☐ Addition
NAME	DIRECTOR.	2.2 NAME	TREASURER DIRECTOR
STREET ADDRESS	DIANE LAZURE	2.3 STREET ADDRESS	DIANE LAZURE
CITY-ST-ZIP	5121 NE 18 TERRACE FT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	5121 NE 18 TERRACE # 3 FT LAUDERDALE FL 33308
TITLE	☐ DELETE	3.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		3.2 NAME	CHRISTOPHER LAZURE
STREET ADDRESS		3.3 STREET ADDRESS	5121 NE 18 TERRACE # 4
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33308
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	600002642546
STREET ADDRESS		6.3 STREET ADDRESS	-09/17/98--01080--019
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

CR2E034 (5/98)

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.

SIGNATURE: [signature] PRESIDENT 9/01/98 954-491-4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone