

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3: 19

DOCUMENT # 252066 (6)
1. Corporation Name
JEFFERSON APARTMENTS, INC.

Principal Place of Business Mailing Address
707 SOUTH 19 AVENUE 707 SOUTH 19 AVENUE
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/11/1961
3a. Date of Last Report 01/25/1994

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 25 28 Zip 29 Country 30

4. FEI Number NOT APPLICABLE 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

9. Name and Address of Current Registered Agent
CLAUDE GOVIN
707 S 19TH AVE #4
HOLLYWOOD FL 33020

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 33020

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BOLDUC, MAX
STREET ADDRESS	707 S 19TH AVE #1
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VD
NAME	CAGNE, LAVAL
STREET ADDRESS	707 S 19TH AVE #8
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	TS
NAME	BOVIN, B. LUCIE
STREET ADDRESS	707 S. 19TH AVE #8
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	GOVIN, CLAUDE
STREET ADDRESS	707 S 19TH AVE #4
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	MEZZEL, LUCY
STREET ADDRESS	707 SOUTH 19TH AV, APT 11
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	V. P. Jack Duane
1.3 STREET ADDRESS	707 S 19 AVE #5
1.4 CITY-ST-ZIP	Hollywood FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Maurice Blain
3.3 STREET ADDRESS	707 S 19TH AVE #2
3.4 CITY-ST-ZIP	Hollywood FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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:

Lucy Mezzel
PRINTED AND TYPED OR PHOTODUPLICATION NAME OF REGISTERED AGENT OR DIRECTOR

Jan 20/95 922-5760
Date Digitized