

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 252066 (6)

1. Corporation Name

JEFFERSON APARTMENTS, INC.



Principal Place of Business

707 SOUTH 19 AVENUE
HOLLYWOOD FL 33020

Mailing Address

707 SOUTH 19 AVENUE
HOLLYWOOD FL 33020

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CLAUDE, GOVIN
707 S 19TH AVE #4
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified
10/11/1961

3a. Date of Last Report
01/26/1995

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

10. Name and Address of New Registered Agent

81 Name: MAX BOLDUC
82 Street Address (P.O. Box Number is Not Acceptable): 707 SOUTH 19 TH. AVENUE.
83
84 City: HOLLYWOOD. FL 85 33020

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

Lucie B. Bolduc

SECRETARY..

M J Bolduc

02/07/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DUANE, JACK	
STREET ADDRESS	707 S. 19TH AVE #5	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE	D S	<input type="checkbox"/> DELETE
NAME	BLAIR, MAURICE	
STREET ADDRESS	707 S. 19TH AVE. #2	
CITY-STATE-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SEC. TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LUCIE B. BOLDUC	
13 STREET ADDRESS	707 S 19th Ave Apt 7	
14 CITY-STATE-ZIP	HOLLYWOOD, FL 33020	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

UNRECORDED
03/27/96- 01016- 006
\$\$\$200.00

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:

Lucie B. Bolduc

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. Treasurer

TITLE

954-922-5760

Business Phone #

CR2E034 (12/95)

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3:26