

1-28-97 B-0872 C
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 Jan 28 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 # 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 33020-5400

3. Date Incorporated or Qualified: 10/11/1961
 3a. Date of Last Report: 03/26/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.
 4. FEI Number: 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
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BOLDUC, MAX, 707 S 19TH AVE, HOLLYWOOD FL 33020
 10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	NAME: DUANE, JACK STREET ADDRESS: 707 S. 19TH AVE #5 CITY- ST- ZIP: HOLLYWOOD FL	1.1 TITLE: VP	1.2 NAME: DUANE DORIS MRS. 1.3 STREET ADDRESS: 707 S. 19 TH .AVENUE # 5 1.4 CITY- ST- ZIP: HOLLYWOOD. FL. 33020
TITLE: D	NAME: BLAIS, MAURICE STREET ADDRESS: 707 S. 19TH AVE. #2 CITY- ST- ZIP: HOLLYWOOD FL	2.1 TITLE:	2.2 NAME:
TITLE: ST	NAME: BOLDUC, LUCIE B STREET ADDRESS: 707 SOUTH 19 AVENUE, APT 7 CITY- ST- ZIP: HOLLYWOOD FL 33020	3.1 TITLE:	3.2 NAME:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:

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: *M of Bolduc* Jan-18-97 954-922-5760
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)