

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 706155 (9)

1. Corporation Name

JACKSON MANOR APARTMENTS, INC.



Principal Place of Business

Mailing Address

2319 JACKSON STREET
UNIT 1
HOLLYWOOD FL 33020

2319 JACKSON STREET
UNIT 1
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified
09/16/1963

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1160709

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

10. Name and Address of New Registered Agent

WEIL, ARTHUR
2319 JACKSON ST. UNIT 8
HOLLYWOOD FL 33020

81 Name
RICHARD N. FERRUCCI
82 Street Address (P.O. Box Number is Not Acceptable)
2319 JACKSON ST., UNIT 9
83
84 City
HOLLYWOOD FL 85 Zip Code
33020

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE

Richard N. Ferrucci

RICHARD N. FERRUCCI

1/7/96

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVPS	<input checked="" type="checkbox"/> DELETE
NAME	COLAPIETRO, JOSEPH	
STREET ADDRESS	2319 JACKSON ST	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROCA, ARLENE	
STREET ADDRESS	2319 JACKSON ST	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	DAT	<input checked="" type="checkbox"/> DELETE
NAME	D'ANDREA, JOSEPH	
STREET ADDRESS	2319 JACKSON ST	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEIL, ARTHUR	
STREET ADDRESS	2319 JACKSON ST	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HERBERT, OLIVER S. JR.	
STREET ADDRESS	2319 JACKSON ST	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HERBERT, MILLICENT B.	
STREET ADDRESS	2319 JACKSON ST	
CITY - ST - ZIP	HOLLYWOOD FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OLIER, FRANCIS	
1.3 STREET ADDRESS	2319 JACKSON ST	
1.4 CITY - ST - ZIP	HOLLYWOOD, FL	
2.1 TITLE	YP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACKSON, ARCADIA	
2.3 STREET ADDRESS	2319 JACKSON ST.	
2.4 CITY - ST - ZIP	HOLLYWOOD, FL	
3.1 TITLE	SV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SYFERT, MARTHA	
3.3 STREET ADDRESS	2319 JACKSON ST.	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	POWELL, CECILIA	
5.3 STREET ADDRESS	2319 JACKSON ST	
5.4 CITY - ST - ZIP	HOLLYWOOD FL	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FERRUCCI, RICHARD	
6.3 STREET ADDRESS	2319 JACKSON ST.	
6.4 CITY - ST - ZIP	HOLLYWOOD, FL	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard N. Ferrucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/96

Date

(576) 399-0623

Daytime Phone #

CR2E037 (12/95)