

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

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95 MAR 24 PM 3:30

SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F22789** (4)

1. Corporation Name

DEEN'S RETIREMENT HOME, INC.

Principal Place of Business

C/O KENNETH C. BRONCHICK
2734 E. OAKLAND PARK BLVD. SUITE 200
FT LAUDERDALE FL 33306

Mailing Address

C/O KENNETH C. BRONCHICK
2734 E. OAKLAND PARK BLVD. SUITE 200
FT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/02/1981	3a. Date of Last Report 04/14/1994
4. FCI Number 59-2096920	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt #, etc	2a. Mailing Address Suite, Apt #, etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**BRONCHICK, KENNETH
2734 E. OAKLAND PARK BLVD., SUITE 200
FT. LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 (Type or print name of registered agent and the filer)

NOTE: Registered Agent signature required after recording.

12. OFFICERS AND DIRECTORS	
TITLE	PDT
NAME	MATADEEN, SAMDAI
STREET ADDRESS	708 S.W. 44TH AVE.
CITY - ST - ZIP	PLANTATION FL
TITLE	VS
NAME	MATADEEN, RAMDAS
STREET ADDRESS	708 S.W. 44TH AVE.
CITY - ST - ZIP	PLANTATION FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	100001441471
23. STREET ADDRESS	-03/28/95--01073--002
24. CITY - ST - ZIP	****213.75 ****213.75
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 199.03(2)(b), Florida Statutes. I further certify that the information contained 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:

Sandai Matadeen
President 3/23/95 (305) 574
Sandai Matadeen
2867