

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

029416

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90008 049 ***150.00
 03-17-1999 90008 050 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L15330

1. Corporation Name
SHALOM MANOR RETIREMENT HOME INC.



Principal Place of Business % EMMINS HENRY 2771 NW 58TH TERR. LAUDERHILL FL 33313	Mailing Address % EMMINS HENRY 2771 NW 58TH TERR LAUDERHILL FL 33313
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
--	---	---------------

3. Date Incorporated or Qualified 09/08/1989	
4. FEI Number 59-2985597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HENRY, EMMINS
2771 NW 58TH TERR.
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

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

TITLE	D <input type="checkbox"/> DELETE
NAME	HENRY, EMMINS
STREET ADDRESS	2771 N.W. 58TH TERR.
CITY-ST-ZIP	LAUDERHILL FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WILSON, GWEN
STREET ADDRESS	3571 NW 95TH TERRACE #706
CITY-ST-ZIP	SUNRISE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HENRY, LISA
STREET ADDRESS	10356 ORMOND ST.
CITY-ST-ZIP	SUNLAND CA 91040
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Henry, Lisa
33 STREET ADDRESS	564 Bellflower Blvd #301
34 CITY-ST-ZIP	Long Beach, Ca. 90814
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 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, with all other like empowered.

SIGNATURE: *Katherine Harris* **Emmins Henry** 1-28-99 (954) 485-0901
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)