

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 28 PM 6:37**

**DOCUMENT # N09863 (4)**

1. Corporation Name  
**CHARLEE FAMILY CARE HOMES OF BROWARD, INC.**

Principal Place of Business      Mailing Address  
333 S.W. 28TH ST      333 S.W. 28TH ST  
FT. LAUDERDALE FL 33315      FT. LAUDERDALE FL 33315  
US      US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/17/1985</b>	3a. Date of Last Report <b>07/11/1994</b>
4. FEI Number <b>59-2564475</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 2a
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**WORLDWIDE CORPORATE SERVICES INC.  
ONE FINANCIAL PLAZA  
STE. 2626  
FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JAFFE, MARTIN 3111 STIRLING RD. FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARVO, CARYN GOLDENBE 4875 N. FEDERAL HWY, 7TH FLOOR FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOBER, MARA 3072 OLD STILL LANE FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HUBLER, VICTORIA 2700 N. 29TH AVE HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOENIG, JULIE 621 S. FEDERAL HWY., STE. 6 FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GESTEN, FRED 1137 HARRISON ST. HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GOLDENBERG, STEPHEN 1 FINANCIAL PLAZA STE 2626 FT. LAUDERDALE, FL 33394</b>

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)(b), 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 in an attachment with an address.

SIGNATURE:  **Martin Jaffe, Esq.**      3-22-95      (305) 985-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #