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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(4)

DEEN'S RETIREMENT HOME, INC.

FILED May 21 1998 8:00am Secretary of State



1451 N.W. 20 2734 E. OAK FT LAUDERD US	LAND PARK BLVD. SUITE 200 ALE FL 33311 Place of Business N.W. 20 Street #. etc.	Mailing Address 100 W. CYPRESS CREEK R STE 910 FT LAUDERDALE FL 33309 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 03/02/1981 4. FEI Number 59-2096920 5. Certificate of Status Desired 6. Election Campaign Financing	
	auderdale, FL	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zıpı	Country	,	8. This corporation owes or has paid the cu	
24 33311	25 US 9. Name and Address of Curren	29 30	30			Yes X No
PD	ONCHICK, KENNETH	r ugðistalan Matit	81	Name	10. Name and Address of New Registered	Agent
	D W. CYPRESS CREEK RD.					
	E 910		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
ł.	LAUDERDALE FL 33309		83			
1.			84	City		85 Zip Code
				-	FL	. · ·
office or r agent. La SIGNATURE	to the provisions of Sections 607,040, egisterod agent, or both, in the State in familiar with, and accept the obligation Signature typed or panied using of neglected age.	of Florida. Such change was aut ations of, Section 607.0505, Floric	horized by da Statutes	the corpore s.	rporation submits this statement for the purpose of ation's hoard of directors. I hereby accept the apparent the apparent when reinstaing) DATE	f changing its registered cointment as registered
12.	OFFICERS ANI	····	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TOLE	POT	L_) DELETE	1.1 TITLE			L_ Change
NAME OFFICE ADDRESS	Matadeen, Samdai 708 S.W. 44th ave.		1.2 NAME			
STREET ADDRESS	PLANTATION FL			ADDRESS		
CITY-ST-ZIP TITLE	VS	DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP		Change Addition
NAME	MATADEEN, RAMDAS		2.2 NAME			□ pligtige □ votition
STREET ADDRESS	708 S.W. 44TH AVE.		23 STREET	AODRESS		
CITY-ST-ZIP	PLANTATION FL	i	2 4 City-5			
TITLE	······································	☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - 9	T-ZIP		
TITLE		[_] DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	r- ZIP		Change Addition
NAME		☐ NECESTE		1		Change Addition
STREET ADDRESS			52 NAME	ADDRESS		
CITY-ST-ZIP		İ	5.3 STREET			
TITLE		DELETE	5.4 CITY - S 6.1 TITLE	1-28*		☐ Change ☐ Addition
NAME		<u> </u>	6.2 NAME			C Armada C Location
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S			
	·		0.7 0111 / 0			

I hereby certify that the information supplied with this filling 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 eath; 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.

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