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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 24 PM 3: 27

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ALL APPLICANTS
FLORIDA

DOCUMENT # K40388

(6)

1. Corporation Name

CLASSIC CARE RETIREMENT HOME, INC.

Principal Place of Business

% KENNETH C. BRONCHICK
2734 E OAKLAND PARK BLVD. S-200
FORT LAUDERDALE FL 33306

Mailing Address

% KENNETH C. BRONCHICK
2734 E OAKLAND PARK BLVD. S-200
FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1988

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0082746

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 § 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BRONCHICK, KENNETH C.
2734 E OAKLAND PARK BLVD
SUITE 200
FORT LAUDERDALE FL 33306

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

Signature (Typed or printed name of registered agent and the 4 applicable)

Signature (Typed or printed name of registered agent and the 4 applicable)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
VSD	MATADEEN, RAMDAS	708 SW 44TH AVE PLANTATION FL	
PTD	MATADEEN, SAMDAI	708 SW 44TH AVE PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY- ST- ZIP

300001441473
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****213.75 ****213.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, 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. If any officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Sandai Matadeen

President

3/23/95

(305) 484

1350

0213227 CP