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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K44449

Principal Place of Business

C.H.E. HOME FOR ADULTS, INC.

17587 CARVER AVE. JUPITER FL 33458		P.O. 80X 9033 Jupiter FL 33458 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  11/08/1988				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For	
21		26				65-0081530		Not	Applicable	
Suite, Apt.	#, etc. :	Suite, Apt. #, etc.				5;-Certificate of Status Desired Fee Required				
City & State	Э	City & State	¬ ·			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip [3	<b>~</b> · · · · · · · · · · · · · · · · · · ·			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
The Address of the Ad				81 Name						
3901	DALL, AUDREY 36TH COURT			32	Street Address (P.O. Box Number is Not Acceptable)					
WES	T PALM BEACH FL 33407		٤	33					1	
	•		8	34	City	FL	85	Zip Co	ode	
office or n agent. I a	egistered agent, or both, in the State on the mailiar with, and accept the obligated and the colligated are stated in the state of the colligated are stated as the colligated are stated as the collins	of Florida. Such change was au tions of, Section 607.0505, Flori	thonzed t da Statut	by ti es.	the corporation	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	itment a	as regi	stered	
					signature require	ed when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIDE	CTOS	S IN 12	
TITLE	TD OFFICERS AN	D DELETE	13.	<b>c</b> .		ADDITIONS/CHANGES TO OFFICERS AN	☐ Cha		Addition	
	HARRIS, CHARLES S.		1.2 NAM				_	-0-	_	
NAME STREET ADDRESS	17591 CARVER AVE.		1		ADDRESS	·				
i i	JUPITER FL		1.4 C/TY		- 1	*			ĺ	
CITY-ST-ZIP TITLE	SD DELETE			<u>-31-</u> E	ZIF		☐ Cha	inge	☐ Addition	
NAME !	HARRIS, HERMA		2.2 NAME		]				•	
STREET ADDRESS	17591 CARVER AVE.		2.3 STREET ADDRESS		ADDRESS				ļ	
- CITY-ST-ZIP -	JUPITER FL		2. 4 CITY-S							
TITLE	D DELETE			E			Cha	inge.	Addition	
NAME	HARRIS, EDWARD			ΙE	-	•				
STREET ADDRESS	17591 CARVER AVENUE			EET A	ADDRESS	•			ŀ	
CITY-ST-ZIP	JUPITER FL 33458			3.4. CITY-ST-ZIP						
TITLE	<del>-</del>	DELETE	4.1 TITLE	E			☐ Cha	ange	☐ Addition	
NAME			4.2 NAN	Æ	1				-	
STREET ADDRESS	DDRESS			EET A	ADDRESS					
CITY-ST-ZIP			4.4 CITY	-ST-	-ZIP					
TITLE		☐ DELETE	5.1 TITL				Cha	ange	☐ Addition	
NAME			5.2 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CITY		·ZIP				□ Addition	
TITLE		C) DELETE	6.1 TITL				☐ Cha	ruge	☐ Addition	
NAME			6.2 NAM		ADDRESS					
STREET ADDRESS					ADDRESS				,	
CITY-ST-ZIP			6.4 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 trastee 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** 

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90089 071 \*\*\*\*\*8.75

04-01-1999 90089 072 \*\*\*150.00