FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

ACCEPTED AND FILED
95 MAR -2 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M14260 (7)

1. Corporation Name
JEAN'S RETIREMENT RESIDENCE, INC.

Principal Place of Business	Mailing Address
250 174TH STREET. #2117 NORTH MIAMI BEACH FL 33160	250 174TH STREET. #2117 NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/22/1985
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21 250.174 STREET
22 Suite, Apt. #, etc. 2117
23 City & State NORT. MIAMI BCH. FL.
24 Zip 33160 25 Country

2a. Mailing Address
26 250. 174 STREET
27 Suite, Apt. #, etc. 2117
28 City & State NORT. MIAMI BCH FL
29 Zip 33160 30 Country

4. FEI Number: 59-2525446 ☐ 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 S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KEM, OGENIA
250 144TH STREET
#2117
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: Kem Ogenia
82 Street Address (P.O. Box Number is Not Acceptable): 250. 174 STREET. APT 2117
83
84 City: NORT. MIAMI. BCH FL 85 Zip Code: 33160.

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 of new registered agent, and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	A	1.1 TITLE	☐ Change ☐ Addition
NAME	KEM, GENIA	1.2 NAME	
STREET ADDRESS	250 144TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	MD	2.1 TITLE	☐ Change ☐ Addition
NAME	KANITA, DORITA	2.2 NAME	
STREET ADDRESS	230 174 ST #2003	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We 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)(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 attached sheet with an address.

SIGNATURE: Ogenia Kem 2/24/95 (305) 947-3416
DIGITAL SIG AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178043 CP