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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M14260 (7)

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



Principal Place of Business
250 174TH STREET, #2117
NORTH MIAMI BEACH FL 33180

Mailing Address
250 174TH STREET, #2117
NORTH MIAMI BEACH FL 33180-3333

3. Date Incorporated or Qualified 04/22/1985
3a. Date of Last Report 01/25/1996

2. Principal Place of Business 21 Jean's Retirem. Res. 2a. Mailing Address 26 Jean's Ret. Res. Inc.
4. FEI Number 59-2525446 ☒ Applied For ☐ Not Applicable

22 1595 NE 145ST Suite, Apt. #, etc. 27 1595 NE 145ST Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 N. miam, 71 City & State 28 N. Miami, 71 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33161 Zip 25 Dade Country 29 33161 Zip 30 Dade Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEM, OGENIA
250 174 STREET APT 2117
#2117
N MIAMI BEACH FL 33180

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	A <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEM, GENIA	12 NAME	
STREET ADDRESS	250 144TH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	14 CITY - ST - ZIP	
TITLE	MD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANITA, DORITA	22 NAME	
STREET ADDRESS	230 174 ST #2003	23 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL 33180	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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 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.

SIGNATURE: *Oglia Remouin* 2-4-97 (805) 947-3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)