

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
JENE'S RETIREMENT RESIDENCE INC
1595 NW 145 ST
N MIAMI FL 33161
US
JENE'S RETIREMENT RESIDENCE INC.
1595 NE 145 ST
N MIAMI FL 33161
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Jene's Ret. Home 26 Suite, Apt. #, etc.
22 1595 NE 145 St 27 City & State
23 N. Miami, FL 28 Zip Country
24 33161 25 Dade 29 30

3. Date Incorporated or Qualified
04/22/1985
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 33160
81 Name Kem OGENIA
82 Street Address (P.O. Box Number is Not Acceptable) 2731 NE 165 Terr
83
84 City N. Miami, 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 x Ogenia Kem 1/5/97
Signature typed or printed name of registered agent and title if applicable (None) Registered Agent signature required when resigning DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE A ☐ DELETE 11 TITLE A ☐ Change ☐ Addition
NAME KEM, GENIA 12 NAME KEM OGENIA
STREET ADDRESS 250 144TH STREET 13 STREET ADDRESS 2731 NE 165 Terr.
CITY-ST-ZIP N. MIAMI BEACH FL 14 CITY-ST-ZIP N. Miami, FL 33160
TITLE MD ☐ DELETE 21 TITLE MD ☐ Change ☐ Addition
NAME KANITA, DORITA 22 NAME KANETI DORIT
STREET ADDRESS 230 174 ST #2003 23 STREET ADDRESS 1537 Marinar Way
CITY-ST-ZIP N MIAMI BEACH FL 33160 24 CITY-ST-ZIP Hollywood, FL 33019
TITLE ☐ DELETE 31 TITLE ☐ Change ☐ Addition
NAME 32 NAME
STREET ADDRESS 33 STREET ADDRESS
CITY-ST-ZIP 34 CITY-ST-ZIP
TITLE ☐ DELETE 41 TITLE ☐ Change ☐ Addition
NAME 42 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY-ST-ZIP 44 CITY-ST-ZIP
TITLE ☐ DELETE 51 TITLE ☐ Change ☐ Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE ☐ DELETE 61 TITLE ☐ Change ☐ Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 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 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 Ogenia Kem 1/5/97

CR2E034 (10/97)