

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23085** (6)

1. Corporation Name

ANN'S GROUP AND RETIREMENT HOME, INC.

Principal Place of Business

**4910 N.W. 18TH COURT
LAUDERHILL FL 33313-4125**

Mailing Address

**4910 N.W. 18TH COURT
LAUDERHILL FL 33313-4125**



3. Date Incorporated or Qualified

10/19/1987

4. FEI Number

65-0010751

Applied For

Not Applicable

2. Principal Place of Business

21 571 SW 27TH AVENUE

Suite, Apt. #, etc.

22

City & State

23 FORT LAUDERDALE, FL

Zip

24 33312

Country

25 USA

2a. Mailing Address

26 571 SW 27TH AVENUE

Suite, Apt. #, etc.

27

City & State

28 FORT LAUDERDALE FL

Zip

29 33312

Country

30 USA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



9. Name and Address of Current Registered Agent

**FLOWERS, THOMAS J.
4910 NW 18TH COURT
LAUDERHILL FL 33313-4125**

10. Name and Address of New Registered Agent

81 Name

THOMAS J. FLOWERS

82 Street Address (P.O. Box Number is Not Acceptable)

571 SW 27TH AVENUE

83

84 City

FORT LAUDERDALE FL

85 Zip Code

33312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Thomas J. Flowers

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLOWERS, THOMAS J.	
STREET ADDRESS	4910 NW 18TH COURT	
CITY-ST-ZIP	LAUDERHILL FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLOWERS, DEVERN M.	
STREET ADDRESS	4910 NW 18TH COURT	
CITY-ST-ZIP	LAUDERHILL FL	

TITLE	TSD	<input type="checkbox"/> DELETE
NAME	MURRAY, ANNE BELLE	
STREET ADDRESS	1620 NW 26TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas J. Flowers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98 754-792-8099

Date

Daytime Phone #

0035116

CR2E037 (10/97)