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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005399 (9)**
1. Corporation Name

ST. JEROMES, INC.



Principal Place of Business P.O. BOX 4346 BOCA RATON FL 33429	Mailing Address P.O. BOX 4346 BOCA RATON FL 33429
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3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Report 06/10/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0629993 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COWAN, JERRY
1209 S.E. 8TH STREET
DEERFIELD BEACH FL 33441**

81 Name COWAN, JERRY
82 Street Address (P.O. Box Number is Not Acceptable) 333 S. OCEAN BLVD.
83
84 City DEERFIELD BEACH
FL
85 Zip Code 33441

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

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	COWAN, JERRY	1.2 NAME	
STREET ADDRESS	1209 S.E. 8TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	D'ANDREA, DANIEL	2.2 NAME	
STREET ADDRESS	5489 N.W. 45TH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	COWAN, SALLY	3.2 NAME	
STREET ADDRESS	1209 S.E. 8TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)