

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

FILED

**Jan 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000006002 (7)

1. Corporation Name
VIOLET'S RETIREMENT HOME, INC.



Principal Place of Business 553 VIOLET AVE PORT ST LUCIE FL 34983	Mailing Address 106 N.E. TWYLITE TERRACE PORT ST. LUCIE FL 34983
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/14/1994

2. Principal Place of Business 21 1176 S.W. DOLORES AVE.	2a. Mailing Address 26 106 N.E. TWYLITE TERRACE
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4. FEI Number **65-0465495** Applied For
Not Applicable

22 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 PORT ST. LUCIE, FL	27 PORT ST. LUCIE, FL
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6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 34983	25 ST. LUCIE	29 34983	30 ST. LUCIE
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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
**CHANDRADATT, BEEBEE K
106 N.E. TWYLITE TERRACE
PORT ST. LUCIE FL 34983**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDRADATT, BEEBEE K	1.2 NAME	
STREET ADDRESS	106 N.E. TWYLITE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACCHUS, DUANE N	2.2 NAME	
STREET ADDRESS	698 AVENS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: **BEEBEE K. CHANDRADATT** **DUANE BACCHUS**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DUANE BACCHUS** **6/98** **(501) 871-2780**

CR2E034 (10/97)