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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000042427**1. Corporation Name

BARBARA RETIREMENT HOME INC.

| Principal Plac  | ce of Business   | Mailing Addre  | ess  |  |   |  | 1 100511007 110 10110 01111 00111  | BOIRL BOILL BRAIL | 41010 (1811 DIO)                |   |
|---|--|--|--|--|---|--|--|-------------------|---------------------------------|---|
| 1214 W 78 TEI   | R  | 1214 W 78 TE   |  |  |   |  | •  |                   |                                 |   |
| HIALEAH FL 33   |  | HIALEAH FL 3   |  |  |   |  |  |                   |                                 |   |
|   |  |  |  |  |   |  | DO NOT WI  | RITE IN THIS      | SPACE                           |   |
|   | •  | •  |  |  |   |  | Incorporated or Qualife  | d                 |                                 |   |
|   |  | •  | ,  | ,  |   |  | 17/1996  |                   |                                 |   |
| 2. Principal P  | Place of Business  | 2a. Mailing Ad   | ddress   |  |   | 4. FEII                                |  |                   | A                               | pplied For                                    |
| 21  |  | 26   |  |  |   | 65-(                                   | 0670121  |                   | No                              | ot Applicable                                 |
| Suite, Apt.   | . #, etc.  | Suite, Apt   | t. #, etc.   |  |   | 5 Certi                                | fcate of Status Desired  |                   |                                 | Additional                                    |
| 22  |  | 27   |  |  |   | 2. 05.0                                |  |                   | Fee Ro                          | equired                                       |
| City & Stat   | te .   | City & Sta   | ate  |  |   | 6. Elect                               | ion Campaign Financin  | <b>3</b> ┌ '.     | \$5.00                          | May Be  |
| 23  |  | 28   |  |  |   | Trust                                  | Fund Contribution  |                   | Added                           | to Fees                                       |
| Zip   | Country  | Zîp  | -  | Country  | •   | 8. This                                | corporation owes the cu  | irrent year int   |                                 | _   |
| 24  | 25   | 29   | <del></del>  | 30   |   | <del></del>                            | onal Property Tax.   |                   | Yes                             | □No   |
| <del></del>   | > 9. Name and Address of Curren  | nt Registered Ager   | nt   | ·  | ۲   | 10. Nam                                | e and Address of New   | Registered        | Agent                           | · · · · · · · · · · · · · · · · · · ·         |
| POD   | DRIGUEZ, ARACELY   |  |  | 81   | Name  |  |  |                   |                                 |   |
|   | 4 W 78 TER.  | e<br>1,  |  | 82   | Street A  | Address (P.O. Be                       | ox Number is Not Accer   | otable)           | •                               |   |
| •   | THE POLICE   |  |  |  |   |  | in the state of th |                   |                                 |   |
| ПА  | LEAH FL 33014  |  |  | 83   |   |  |  |                   |                                 | 付着が開け   |
|   |  |  |  | 84   | City  |  |  |                   | les Zin                         | Code  |
|   | •  | 43.41  |  | 104  | City  |  |  | FL                | 85 Zip                          | Code  |
|   |  |  |  |  |   |  |  | a numana of       | changing its                    | registered                                    |
| 11. Pursuant  | to the provisions of Sections 607.050  | 2 and 607.1508, Fl   | orida Statutes   | s, the above   | e-named o   | corporation subn                       | nits this statement for th   | e purpose or      | Critinging its                  | registered                                    |
| office or r   | registered agent, or both, in the State  | of Florida. Such ch  | ange was aut   | thorized by  | the corpo   | corporation subm<br>pration's board of | nits this statement for the directors. I hereby acc  | ept the appoi     | ntment as re                    | gistered                                      |
| office or r<br>agent. I a   | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the colligation of the collins of the colli | of Florida. Such ch  | ange was aut   | thorized by  | the corpo   | corporation subm<br>pration's board of | nits this statement for the fidirectors. I hereby acc  | ept the appoi     | ntment as re                    | gistered                                      |
| office or r   | registered agent, or both, in the State  | of Florida. Such chations of, Section 60   | nange was aut<br>07.0505, Florid                       | thorized by<br>da Statutes   | the corpo   | corporation subnoration's board of     | f directors. I hereby acc  | ept the appoi     | ntment as re                    | gistered                                      |
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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 suppliemental 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90020 002 \*\*\*150.00

305-827-1963