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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:36

DOCUMENT # **S16746** (7)

1. Corporation Name

APOLLO GARDENS RETIREMENT RESIDENCE, INC.

Principal Place of Business

**2718 JOHNSON STREET
HOLLYWOOD FL 33020**

Mailing Address

**2718 JOHNSON STREET
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1990

3a. Date of Last Report
01/19/1994

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOKARZ, JANINA
2718 JOHNSON STREET
HOLLYWOOD FL 33020**

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 607.050, 7 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

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

D

**TOKARZ, JANINA
2718 JOHNSON STREET
HOLLYWOOD FL**

1.1 NAME

☐ Change ☐ Addition

STREET ADDRESS

1.2 NAME

CITY, ST, ZIP

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

NAME

D

**TOKARZ, BOLESLEW
2718 JOHNSON STREET
HOLLYWOOD FL**

2.1 NAME

☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY, ST, ZIP

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

NAME

D

**TOKARZ, BETH
2718 JOHNSON STREET
HOLLYWOOD FL**

3.1 NAME

☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME

CITY, ST, ZIP

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

NAME

D

**TOKARZ, BETH
2718 JOHNSON STREET
HOLLYWOOD FL**

4.1 NAME

☐ Change ☐ Addition

STREET ADDRESS

4.2 NAME

CITY, ST, ZIP

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

NAME

D

**TOKARZ, BETH
2718 JOHNSON STREET
HOLLYWOOD FL**

5.1 NAME

☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY, ST, ZIP

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

NAME

D

**TOKARZ, BETH
2718 JOHNSON STREET
HOLLYWOOD FL**

6.1 NAME

☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY, ST, ZIP

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

NAME

D

**TOKARZ, BETH
2718 JOHNSON STREET
HOLLYWOOD FL**

7.1 NAME

☐ Change ☐ Addition

STREET ADDRESS

7.2 NAME

CITY, ST, ZIP

7.3 STREET ADDRESS

7.4 CITY, ST, ZIP

NAME

D

**TOKARZ, BETH
2718 JOHNSON STREET
HOLLYWOOD FL**

8.1 NAME

☐ Change ☐ Addition

STREET ADDRESS

8.2 NAME

CITY, ST, ZIP

8.3 STREET ADDRESS

8.4 CITY, ST, ZIP

NAME

D

**TOKARZ, BETH
2718 JOHNSON STREET
HOLLYWOOD FL**

9.1 NAME

☐ Change ☐ Addition

STREET ADDRESS

9.2 NAME

CITY, ST, ZIP

9.3 STREET ADDRESS

9.4 CITY, ST, ZIP

NAME

D

**TOKARZ, BETH
2718 JOHNSON STREET
HOLLYWOOD FL**

10.1 NAME

☐ Change ☐ Addition

STREET ADDRESS

10.2 NAME

CITY, ST, ZIP

10.3 STREET ADDRESS

10.4 CITY, ST, ZIP

NAME

D

**TOKARZ, BETH
2718 JOHNSON STREET
HOLLYWOOD FL**

SIGNATURE:

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-95 (305) 933-5553