

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S55094

(4)

1. Corporation Name

COUNTRY ESTATES RETIREMENT, INC.

Principal Place of Business

1720 S.W. 96TH AVE
MIRAMAR FL 33025

Mailing Address

1720 S.W. 96TH AVE
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1991	3a. Date of Last Report 04/13/1994
4. FEI Number 65-0266743	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. The corporation or company is a foreign corporation under Florida Statutes ☐ or ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

HOLLANDER, BRUCE L.
1940 HARRISON ST.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number, Not Applicable)
83. City & State
84. City, State, Zip Code FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above named corporation submits the 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, if applicable, and the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

(Signature of registered agent or registered agent in lieu of office)

(Signature of president or officer of corporation or company)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	BOBO, CHARLES M.	NAME	
STREET ADDRESS	1720 S.W. 96TH AVE	STREET ADDRESS	
CITY, STATE, ZIP	MIRAMAR FL	CITY, STATE, ZIP	
TITLE	STD	TITLE	☒ Change ☐ Addition
NAME	BUSH, WILLIAM B.	NAME	Resigned Bush, William B
STREET ADDRESS	1800 S.W. 96TH AVE	STREET ADDRESS	1800 S.W. 96 Ave
CITY, STATE, ZIP	MIRAMAR FL	CITY, STATE, ZIP	Miramar 33025
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 131.01(2)(b), Florida Statutes. Further, I 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 liquidator empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14, or on an attachment with an address.

SIGNATURE:

Charles M. Bobo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

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