

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
32349-0001

DOCUMENT # V62119

(5)

JEFFERSON MANOR, INC.

APPROVED
FILED

20 MAY - 1 11 29:11

RECEIVED MAY 1 1995
TALLAHASSEE, FLORIDA

827 SOUTH SPRING GARDEN AVENUE
DELAND FL 32720

827 SOUTH SPRING GARDEN AVENUE
DELAND FL 32720

DEPARTMENT OF STATE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/04/1992	10/24/1994
4. FIC Number	Applied For
59-3156798	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
7. This corporation has authority to conduct business in Florida Statutes	☐ Yes ☒ No

2. Principal Office	2a. Mailing Address
21. 827 SOUTH SPRING GARDEN AVENUE DELAND FL 32720	26. 827 SOUTH SPRING GARDEN AVENUE DELAND FL 32720
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
30. City & State	31. City & State

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERNER, JEAN 126 N SHERIDAN AVE. DELAND FL 32720	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State 85. Zip Code
11. I, the undersigned, the president or vice president of the corporation, certify that the above named corporation submits this statement for the purpose of filing as required by the Department of State, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.	

12. ADDITIONAL REGISTERED AGENTS	13. ADDITIONAL CHANGE OF REGISTERED AGENTS AND DIRECTORS
NAME: PD BERNER, JEAN 126 N SHERIDAN AVE. DELAND FL	NAME: [] Change [] Addition
NAME: STD HELMS, BARBARA 1019 S WOODLAND BLVD. DELAND FL	NAME: [] Change [] Addition
NAME: D SMITH, C.E. BROOKE SUMMERLAND SANFORD FL	NAME: [] Change [] Addition
NAME: D SANFORD, CHARLES 1403 W WYNNISSETT AVE. DELAND FL	NAME: [] Change [] Addition
NAME: D BERNER, GEORGE R. 100 FRAZER AVE. COLLINGWOOD NJ	NAME: [] Change [] Addition
NAME: D HOPPI, PATRICIA 383 BLAINE AVE. W BERLIN NJ	NAME: [] Change [] Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 333.01(2)(b), Florida Statutes. I further certify that the information included 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 333, Florida Statutes, and that my name appears in Block 12 of this filing with an address.

SIGNATURE: *Barbara Helms*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)
738-0025
State of Florida

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

1995



OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # V62324 (1)

U.S. GOVERNMENT REAL ESTATE, INC.

APPROVED

09/09/1992

05/01/1994

1160 S ROGERS CIRCLE
BOCA RATON FL 33487

1160 S ROGERS CIRCLE
BOCA RATON FL 33487

2	2a	3	3a
21	26	09/09/1992	05/01/1994
22	27	65-0418054	Acquired For
23	28	5	Not Applicable
24	29	BOCA RATON, FL	\$8.75 Additional Fee Required
25	30	33427	\$5.00 May Be Added to Fees
26	31	USA	Trust Fund Contribution
27	32		Trust Fund Contribution
28	33		Trust Fund Contribution
29	34		Trust Fund Contribution
30	35		Trust Fund Contribution

9. Name and Address of Current Registered Agent

GEISERMAN, ROBERT M
1160 S ROGERS CIRCLE
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: HARRY HAHAMOVITCH
82 Street Address (P.O. Box Number is Not Acceptable): 1160 S. ROGERS CIRCLE
83
84 City: BOCA RATON FL 85 Zip Code: 33487

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the statement of the corporation for the purpose of changing its registered office as required by Chapter 120, Florida Statutes. I have been authorized by the corporation's board of directors to execute and file this statement with the Secretary of State.

SIGNATURE

HARRY HAHAMOVITCH

4-24-95

12. OFFICE REORGANIZATION		13. ADDITIONS/CHANGES TO OFFICE REORGANIZATION	
NAME	D HAHAMOVITCH, HARRY	NAME	☒ Change ☐ Addition
STREET ADDRESS	1160 S. ROGERS CIRCLE	STREET ADDRESS	1160 S. ROGERS CIRCLE
CITY	BOCA RATON FL	CITY	D VACANT
NAME	D GEISERMAN, ROBERT M	NAME	☒ Change ☐ Addition
STREET ADDRESS	1160 S. ROGERS CIRCLE	STREET ADDRESS	
CITY	BOCA RATON FL	CITY	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

14. I, the undersigned, certify that the information supplied in this report is true and correct, and that I am a resident of the State of Florida. I have been authorized by the corporation's board of directors to execute and file this report with the Secretary of State. I have also certified that the information supplied in this report is true and correct, and that I am a resident of the State of Florida. I have also certified that the information supplied in this report is true and correct, and that I am a resident of the State of Florida.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF DIRECTOR OR OFFICER OF CORPORATION

HARRY HAHAMOVITCH

4-24-95

407-994-2233