

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9: 12

DOCUMENT # G73976 (4)

1. Corporation Name
FLORIDA LIVING CARE, INC.

Principal Place of Business Mailing Address
**% JOHN F. LOWNDES, ESQUIRE
215 NORTH EOLA DRIVE, P.O. BOX 2809
ORLANDO FL 32802**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/09/1983	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2371887	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1073 Orienta Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 P.O. Box 150815 City & State	27 City & State
23 Altamonte Springs, Fla. Zip Country	29 32715-0815 25 Seminole 30

9. Name and Address of Current Registered Agent
**LOWNDES, JOHN F., ESQUIRE
215 NORTH EOLA DR. POST OFFICE BOX 2809
ORLANDO FL 32802**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CATHER, JOHN M
STREET ADDRESS	508 SPRING CREEK DR
CITY - ST - ZIP	LONGWOOD FL
TITLE	DST
NAME	KUNZENDORF, ERHARD RH
STREET ADDRESS	209 QUAYSIDE CIRCLE
CITY - ST - ZIP	MAITLAND FL
TITLE	VPD
NAME	JUCKETTE, HAROLD F
STREET ADDRESS	3004 PATRICIA DR
CITY - ST - ZIP	DES MOINES IA
TITLE	D
NAME	JUCKETTE, THOMAS F.
STREET ADDRESS	7724 ARMY POST ROAD
CITY - ST - ZIP	DES MOINES IA
TITLE	AS
NAME	GORDON, RUBY A.
STREET ADDRESS	249 FRANCES AVE
CITY - ST - ZIP	CASSELBERRY FL
TITLE	EV
NAME	HARKINS, PATRICK L.
STREET ADDRESS	1040 HOWELL HARBOUR DR.
CITY - ST - ZIP	CASSELBERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Delete - deceased
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete - deceased
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 Section 110.07(3)(k), Florida Statutes. I further certify that the information contained 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 person or person 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: John M. Cather Feb. 1, 1995 (407) 834-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR