


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

FILED

**Mar 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000036788
1. Corporation Name
HELEN'S HOME HEALTH CARE, INC.

Principal Place of Business 11355 SW 84 St. Miami, FL 33173	Mailing Address 11355 SW 84 St. Miami, FL 33173
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/16/94

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number 65-0501971	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPCO, INC.
2699 South Bayshore Drive
7th Floor
Miami, FL 33133**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	JACOB SHAHAM
STREET ADDRESS	9103 SW 103 St.
CITY-ST-ZIP	Miami, FL
TITLE	V <input type="checkbox"/> DELETE
NAME	HELEN SHAHAM
STREET ADDRESS	9103 SW 103 St.
CITY-ST-ZIP	Miami, FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	AVI BITTAN
STREET ADDRESS	13505 SW 124 Ct.
CITY-ST-ZIP	Miami, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACOB SHAHAM
1.3 STREET ADDRESS	11355 SW 84 St.
1.4 CITY-ST-ZIP	Miami, FL 33173
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HELEN SHAHAM
2.3 STREET ADDRESS	11355 SW 84 St.
2.4 CITY-ST-ZIP	Miami, FL 33173
3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AVI BITTAN
3.3 STREET ADDRESS	11355 SW 84 St.
3.4 CITY-ST-ZIP	Miami, FL 33173
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further 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 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.

SIGNATURE:  **JACOB SHAHAM, President** **2/20/98** **596-3288** **(305)**

CR2E034 (10/97)