

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000009397 (7)

1. Corporation Name

SUNSET HARBOR HOME HEALTH, INC.



Principal Place of Business: 7319 NORTH MACARTHUR BOULEVARD OKLAHOMA CITY OK 73132
Mailing Address: POST OFFICE BOX 20747 OKLAHOMA CITY OK 73156-0747

3. Date Incorporated or Qualified: 02/03/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 65-0583910
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [Blank]
22 Suite, Apt. #, etc: [Blank]
23 City & State: [Blank]
24 Zip: [Blank] 25 Country: [Blank]
2a. Mailing Address: 26 [Blank]
27 Suite, Apt. #, etc: [Blank]
28 City & State: [Blank]
29 Zip: [Blank] 30 Country: [Blank]

9. Name and Address of Current Registered Agent
SMITH, GEOFFREY D
BLANK, RIGSBY & MEENAN, P.A.
204 SOUTH MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: C.T. Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island, Rd.
83 [Blank]
84 City: Plantation FL 85 Zip Code: 33324

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: *John J. Linnihan* John J. Linnihan 4/02/96
Signature of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	D, P, T
NAME	BURCHER, JOHN J	1.2 NAME	[Blank]
STREET ADDRESS	7319 N. MACARTHUR	1.3 STREET ADDRESS	2706 Randolph Rd.
CITY-ST-ZIP	OKLAHOMA CITY OK 73132	1.4 CITY-ST-ZIP	Edmond, OK 73103
TITLE	D	2.1 TITLE	D, VP
NAME	COLVIN, THOMAS R	2.2 NAME	[Blank]
STREET ADDRESS	1200 N. WALKER, NO. 101	2.3 STREET ADDRESS	5906 N. Penn Ave, Apt 216-A
CITY-ST-ZIP	OKLAHOMA CITY OK 73103	2.4 CITY-ST-ZIP	Oklahoma City, OK 73118
TITLE	D	3.1 TITLE	[Blank]
NAME	GRAUMAN, DEBORAH R.N.	3.2 NAME	[Blank]
STREET ADDRESS	1200 N. WALKER, NO. 501	3.3 STREET ADDRESS	509 Contestoga
CITY-ST-ZIP	OKLAHOMA CITY OK 73132	3.4 CITY-ST-ZIP	Yukon, OK 73099
TITLE	[Blank]	4.1 TITLE	[Blank]
NAME	[Blank]	4.2 NAME	[Blank]
STREET ADDRESS	[Blank]	4.3 STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]	4.4 CITY-ST-ZIP	[Blank]
TITLE	[Blank]	5.1 TITLE	S
NAME	[Blank]	5.2 NAME	Virginia M. Remppe
STREET ADDRESS	[Blank]	5.3 STREET ADDRESS	9536 Lakeoak Drive
CITY-ST-ZIP	[Blank]	5.4 CITY-ST-ZIP	Oklahoma City, OK 73165
TITLE	[Blank]	6.1 TITLE	[Blank]
NAME	[Blank]	6.2 NAME	[Blank]
STREET ADDRESS	[Blank]	6.3 STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]	6.4 CITY-ST-ZIP	[Blank]

Bank deposit \$ 208.75

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 119.07(3)(k), 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 a 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: *John J. Burcher* John J. Burcher, President 3/5/96 (405)235-3737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)