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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000009397
1. Corporation Name
SUNSET HARBOR HOME HEALTH, INC.

Principal Place of Business Mailing Address
7319 North MacArthur Blvd. PO Box 20747
Oklahoma City, OK 73132 Oklahoma City, OK
73156-0747

3. Date Incorporated or Qualified 2/3/1995 3a. Date of Last Report 4/18/96
4. FEI Number 65-0583910 Applied For Not Applicable
5. Certificate of Status Desired XX \$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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C.T. Corporation
John J. Linnihan
1200 South Pine Island Rd.
Plantation, FL. 33324

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
1.2 NAME STREET ADDRESS CITY-ST-ZIP
1.3 STREET ADDRESS CITY-ST-ZIP
1.4 CITY-ST-ZIP
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
2.2 NAME STREET ADDRESS CITY-ST-ZIP
2.3 STREET ADDRESS CITY-ST-ZIP
2.4 CITY-ST-ZIP
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
3.2 NAME STREET ADDRESS CITY-ST-ZIP
3.3 STREET ADDRESS CITY-ST-ZIP
3.4 CITY-ST-ZIP
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
4.2 NAME STREET ADDRESS CITY-ST-ZIP
4.3 STREET ADDRESS CITY-ST-ZIP
4.4 CITY-ST-ZIP
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
5.2 NAME STREET ADDRESS CITY-ST-ZIP
5.3 STREET ADDRESS CITY-ST-ZIP
5.4 CITY-ST-ZIP
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
6.2 NAME STREET ADDRESS CITY-ST-ZIP
6.3 STREET ADDRESS CITY-ST-ZIP
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D, P. Burcher, John J. Change Addition
1.2 NAME 2911 Quail Creek Rd.
1.3 STREET ADDRESS Oklahoma City, OK 73120
1.4 CITY-ST-ZIP
2.1 TITLE D, VP Change Addition
2.2 NAME Colvin, Thomas R.
2.3 STREET ADDRESS 2706 Randolph Rd.
2.4 CITY-ST-ZIP Edmond, OK 73013
3.1 TITLE T Change Addition
3.2 NAME Burcher, John Scott
3.3 STREET ADDRESS 3604 N.E. 143rd
3.4 CITY-ST-ZIP Edmond, OK 73034
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John J. Burcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Burcher, President (405) 720-2273

Date

Daytime Phone #

CR2E034 (9/96)