

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000034391 (7)
1. Corporation Name
HOME CARE ADVANTAGE, INC.



Principal Place of Business: 11250 OLD ST. AUGUSTINE RD. #15-339 JACKSONVILLE FL 32257
Mailing Address: 11250 OLD ST. AUGUSTINE RD #15-339 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1512 Montana Ave, Suite #, etc.
2a. Mailing Address: 26 1512 Montana Ave, Suite #, etc.
22 City & State: 23 Jacksonville Florida
27 City & State: 28 Jacksonville Florida
24 Zip: 25 32207, Country: USA, DUVAL
29 Zip: 30 32207, Country: USA, DUVAL

3. Date Incorporated or Qualified: 04/16/1997
4. FEI Number: 59-3448263
Applied For: 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SEPPALA, SHERRY A
11250 OLD ST. AUGUSTINE RD. #15-339
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent
81 Name: SEPPALA, SHERRY
82 Street Address (P.O. Box Number is Not Acceptable): 1512 Montana Ave
83
84 City: Jacksonville, FL 85 Zip Code: 32207

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: *Sherry Seppala* DATE: 1.21.98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SEPPALA, SHERRY A | |
| STREET ADDRESS | 11250 OLD ST. AUGUSTINE RD. #15-339 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | PVST | <input type="checkbox"/> DELETE |
| NAME | SEPPALA, SHERRY A | |
| STREET ADDRESS | 11250 OLD ST. AUGUSTINE RD. #15-339 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 TI | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NI | |
| 1.3 SI ADDRESS | |
| 1.4 CI-ST-ZIP | |
| 2.1 TI | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NI | |
| 2.3 SI ADDRESS | |
| 2.4 C-ST-ZIP | |
| 3.1 TI | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NI | |
| 3.3 SI ADDRESS | |
| 3.4 C-ST-ZIP | |
| 4.1 TI | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NI | |
| 4.3 SI ADDRESS | |
| 4.4 CI-ST-ZIP | |
| 5.1 TI | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NI | |
| 5.3 SI ADDRESS | |
| 5.4 C-ST-ZIP | |
| 6.1 TI | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NI | |
| 6.3 SI ADDRESS | |
| 6.4 C-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)(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 the 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: *Sherry Seppala* DATE: 1.21.98 (904) 306-9729

CR2E034 (10/97)