Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90050 045 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K57878

1. Corporation Name

FLORIDA HOMEMINDERS HEALTY IN	IU.			
Principal Place of Business	Mailing Address		t imminit mar mitte emme smell emant inter	te memet mindt Ardit Atütt Ander imm;
C/O ROGER M. MASCALI 8295 N MILITARY TRL STE. C PALM BEACH GARDENS FL 33410 US	C/O ROGER M. MASCALI 8295 N MILITARY TRL STE C PALM BEACH GARDENS FL : US		DO NOT WRITE IN TH  3. Date incorporated or Qualifed	IS SPACE
			01/10/1989	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0095679	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		<b>3</b> , <b>3</b>	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year I	Intangible ☐ Yes ☐ No
24 25 25	29 3	0	Personal Property Tax.  10. Name and Address of New Registere	
9. Name and Address of Current	Registered Agent	81 Name	10. Hante and Addices of New Addices	,
MASCALI, ROGER M.				
8895 N MILITARY TV, STE 104-B		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PALM BCH GARDENS FL 33418		83		· · · · · · · · · · · · · · · · · · ·
		84 City	• • • • <b>F</b>	85 Zip Code
11. Pursuant to the provisions of Sections 07 / b02 office or registered agent, or both, in the State of agent. I am familiar with, and score the obligate	ons of Section 607.0505, Florid	la Statutes	. , ,	
SIGNATURE Signature, typed or printed partie of the sistence again.	and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating)	<del></del>
SIGNATURE Signature, typed or printing the Sheet Sleed of Art.  OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent signature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE Signature, typed or printing the SheetSleed of the Street of t	and title if applicable. (NOTE: R	egistered Agent signature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE  Signature, typed or printing the SheepSleead-oracle  12. OFFICERS AND  TITLE D  NAME MASCALI, ROGER M.	and title if applicable. (NOTE: R D DIRECTORS	egistered Agent signature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
SIGNATURE  Signature, typed or printlements by participations of the participation of the par	and title if applicable. (NOTE: R D DIRECTORS	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS OF ADDITIONS/CHANGES TO OFFICERS OF ADDITIONS/CHANGES TO OFFICERS OF ADDITIONS/CHANGES TO OFFICERS OF ADDITIONS WATER	AND DIRECTORS IN 12
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SIGNATURE  Signature, typed or print Laptic Street and D  12. OFFICERS AND  MASCALI, ROGER M.  STREET ADDRESS CITY-ST-ZIP  TITLE  SIGNATURE  D  MASCALI, ROGER M.  8895 N MILITARY TRAIL, STE 10  PALM BCH GRDNS FL	and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS OF ADDITIONS/CHANGES TO OFFICERS OF ADDITIONS/CHANGES TO OFFICERS OF ADDITIONS/CHANGES TO OFFICERS OF ADDITIONS WATER	AND DIRECTORS IN 12  Change Addition
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SIGNATURE  Signature, typed or printle the blood stage.  12. OFFICERS AND  TITLE D  MASCALI, ROGER M.  STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  TITLE  TITLE  SIGNATURE  SIGNATURE  MASCALI, ROGER M.  SRESS N MILITARY TRAIL, STE 10  PALM BCH GRDNS FL  TITLE  TITLE  TITLE  TITLE	and title if applicable. (NOTE: R D DIRECTORS DELETE D4-B	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICERS OF ADJUNE MAJCALLY 3562 RUNNING WATER	AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature, typed or print Live to Sheet Stock of Av.  12. OFFICERS AND  MASCALI, ROGER M.  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	and title if applicable. (NOTE: R D DIRECTORS DELETE D4-B	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADORESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	ADDITIONS/CHANGES TO OFFICERS OF ADJUNE MAJCALLY 3562 RUNNING WATER	AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  Signature, typed or print Live The Sheet Stead of Av.  12. OFFICERS AND  TITLE D  MASCALI, ROGER M.  8895 N MILITARY TRAIL, STE 10  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	and title if applicable. (NOTE: R D DIRECTORS DELETE D4-B	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS OF ADJUNE MAJCALLY 3562 RUNNING WATER	AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  Signature, typed or print Lumba Sheet Stock of Av.  12. OFFICERS AND  TITLE D  MASCALI, ROGER M.  8895 N MILITARY TRAIL, STE 10  PALM BCH GRDNS FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	and title if applicable. (NOTE: R DIRECTORS DELETE  04-B DELETE  DELETE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS OF ADJUNE MAJCALLY 3562 RUNNING WATER	AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  Signature, typed or printal parties be-egistered organ.  12. OFFICERS AND  ITILE D  MASCALI, ROGER M.  8895 N MILITARY TRAIL, STE 10  PALM BCH GRDNS FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	and title if applicable. (NOTE: R DIRECTORS DELETE  04-B DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS OF ADJUNE MAJCALLY 3562 RUNNING WATER	AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
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SIGNATURE  Signature, typed or printal part to be provided and part to be provided and part to be provided and part to printal	and title if applicable. (NOTE: R DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	acjistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS OF ADJUNE MAJCALLY 3562 RUNNING WATER	AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
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SIGNATURE  Signature, typed or printal part to be provided and part to be provided and part to be provided and part to printal	and title if applicable. (NOTE: R DIRECTORS DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	acjistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS,  POSW MAJCALI 3562 RUNNIUS WATEN P.B.G. F1. 33418	AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and that my signature shall have the same legal effect as if made under oath; that I am an appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in duess, with all other like empowered. 14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental natural report of officer or director of the corporation or the eccipier or trustee of Block 12 or Block 13 if changed, or on an attachment with an ex-

SIGNATURE:

PEQUIRED

5(4-625-1)36 Dayline Phone #