

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 503635 (5)
1. Corporation Name
DYAL'S CONVALESCENT AIDS, INC.



Principal Place of Business
425 N CLYDE MORRIS BLVD
DAYTONA BCH FL 32114
US

Mailing Address
1125 N SUMMIT ST
CRESCENT CITY FL 32112
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	14 Sunshine Boulevard	26	14 Sunshine Boulevard	05/20/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1676538	
22 City & State		27 City & State		5. Certificate of Status Desired	
23 Ormond Beach		28 Ormond Beach		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32174		29 Zip 32174		6. Election Campaign Financing	
25 Country Volusia		30 Country Volusia		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PICKENS, JOE H. 222 N 3RD ST PALATKA FL 32177				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, NED D	1.2 NAME	
STREET ADDRESS	8162 SHORELINE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 0	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, WARREN D	2.2 NAME	
STREET ADDRESS	CEDAR COVE, ROUTE 309	2.3 STREET ADDRESS	
CITY-ST-ZIP	GEORGETOWN FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZER, NORMA	3.2 NAME	
STREET ADDRESS	174 MOONLIGHT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELAKA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 *Norma J. Frazer* 4/15/98 9:14 PM

CR2E034 (10/97)