

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 10: 55

DOCUMENT # F94000005911 (2)

1. Corporation Name
CHOICE HOME CARE, INC.

Principal Place of Business Mailing Address
P.O. BOX 021235 P.O. BOX 021235
BROOKLYN NY 11202 BROOKLYN NY 11202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/15/1994** 3a. Date of Last Report

4. FEI Number **APPLIED FOR 11-3236720** Applied For Not Applicable

5. Certificate of Status Desired \$9.75 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	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent
**WOLFE, LARRY
200 A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTDC
NAME	LIGHTSEY, EDDIE L
STREET ADDRESS	82 CRANFORD PLACE
CITY - ST - ZIP	TEANECK NJ 07666
TITLE	SD
NAME	TAYLOR, SANDRA K
STREET ADDRESS	354 STATE ST., #5D
CITY - ST - ZIP	BROOKLYN NY 11217
TITLE	VD
NAME	DEL RIO, MANUELA
STREET ADDRESS	354 STATE ST., #5-D
CITY - ST - ZIP	BROOKLYN NY 11217
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	VD
33 STREET ADDRESS	DEL RIO, MANUELA
34 CITY - ST - ZIP	PO BOX 6808 "NA"
	NEW YORK, NY 10128
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

Sandra K. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Sandra K. Taylor

2/28/95

(800)522-7351