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**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90275 036 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G86949**

1. Corporation Name  
**TRADITIONAL HOME CARE, INC.**



Principal Place of Business  
 3250 N ANDREWS AVE EXTENSION  
 POMPANO BEACH FL 33064

Mailing Address  
~~ALISA S. DUKE~~  
 3250 N. ANDREWS AVE EXT  
 POMPANO BEACH FL 33064  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address  
 c/o Mary Jo Hariton

3. Date Incorporated or Qualified  
**02/29/1984**

4. FEI Number  
**59-2377550**

Applied For  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22 City & State

27 same

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23 Zip

Country

28 same

Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, ALISA S.  
 3250 N. ANDREWS AVENUE  
 POMPANO BEACH FL 33064

81 Name **Mary Jo Hariton**

82 Street Address (P.O. Box Number is Not Acceptable)  
 same

83 same

84 City **same** **FL** 85 Zip Code **same**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/13/99**

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE  DELETE  
 NAME **P YOUNG, RON**  
 STREET ADDRESS **171 MONROE LANE**  
 CITY-ST-ZIP **LEXINGTON SC**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **VPST KEIM, JOHN**  
 STREET ADDRESS **171 MONROE LANE**  
 CITY-ST-ZIP **LEXINGTON SC**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **VP HARDMAN, JIM**  
 STREET ADDRESS **171 MONROE LANE**  
 CITY-ST-ZIP **LEXINGTON SC**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/99** **954-973-9400**  
 Date Daytime Phone #

015891/4

CR2E034 (1/98)