


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

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Mar 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
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DOCUMENT # **H58583** (6)
1. Corporation Name
JUST LIKE HOME CORPORATE CENTER, INC.

Principal Place of Business 3647 CORTEZ ROAD W BRADENTON FL 34210 US	Mailing Address 3647 CORTEZ ROAD W BRADENTON FL 34210 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/23/1985	
				4. FEI Number 59-2713343	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CONARD, BETTY 3647 CORTEZ ROAD W BRADENTON FL 34210		10. Name and Address of New Registered Agent 81 Name Thomas B. Luzier 82 Street Address (P.O. Box Number is Not Acceptable) 8440 N. Tamiami Trail 83 84 City Nokomis FL 85 Zip Code 34275	
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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 **Thomas B. Luzier, VP** DATE **1/26/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President/CEO
NAME	CONARD, BETTY A	1.2 NAME	John F. Robertt
STREET ADDRESS	3647 CORTEZ ROAD W	1.3 STREET ADDRESS	8440 N. Tamiami Trail
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Nokomis, FL 34275
TITLE	D	2.1 TITLE	V.P. Secretary
NAME	CONARD, RICHARD T	2.2 NAME	Thomas B. Luzier
STREET ADDRESS	3647 CORTEZ ROAD W	2.3 STREET ADDRESS	8440 N. Tamiami Trail
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Nokomis, FL 34275
TITLE		3.1 TITLE	CFO
NAME		3.2 NAME	Michael W. Monahan
STREET ADDRESS		3.3 STREET ADDRESS	8440 N. Tamiami Trail
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Nokomis, FL 34275
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: **Thomas B. Luzier, VP** DATE **1/26/98** **941-966-3636**

CR2E034 (10/97)