

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J24865 (4)
1. Corporation Name
HOME CARE II AND CONSULTANTS INC.



Principal Place of Business
5680 JASON LEE PLACE
SARASOTA FL 34233
US

Mailing Address
5680 JASON LEE PLACE
SARASOTA FL 34233
US

3. Date Incorporated or Qualified 07/21/1986
3a. Date of Last Report 10/17/1995
4. FEI Number 59-2695505
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 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
21. SAME
Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

9. Name and Address of Current Registered Agent

WELANDER, RUSSELL T.
2605 TRINIDAD STREET
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81. Name SAME
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. FL 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 Russ Welander RRT Russ Welander 4/22/96
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS
1. TITLE PD
NAME WELANDER, RUSSELL T.
STREET ADDRESS 2605 TRINIDAD ST
CITY - ST - ZIP SARASOTA FL
2. TITLE Vice President
NAME Chory (Dea)
STREET ADDRESS 5680 Jason Lee Place
CITY - ST - ZIP 34233
3. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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:

Russ Welander RRT 4/22/96 9419242689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)