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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE: >,



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J52880

(8)

ADVANCED INTERIOR CARE, INC.

FILED
Apr 24 1997 8:00am
Secretary of State

Principal Plac		•	Mailing Address				t idater firmt firmt sindt still iffete dite		IBII WEBII WEBII I	11611 1861	
1482 TREE TOP DRIVE PALM HARBOR FL 34683 US				1482 TREE TOP DRIVE PALM HARBOR FL 34683-2836 US							
								3. Date Incorporated or Qualified	3a. Da	ite of Last R	eport
				**************************************				01/22/1987	05/	01/1996	
2. Principal P	lace of Busi	ness	_ 	2a. Mailing Address				4. FEI Number Applied For			
Suite Apt.	# etc			Suite, Apt #, etc.				59-2755159 Not Applica			
22	<i>",</i> oto.		27					5. Certificate of Status Desired		Fee Re	
City & State	le	2. L. FIL. 2. 1. (V. 11. F. 11. 11. 11. 11. 11. 11. 11. 11.		City & State			6. Election Campaign Financing		\$5.00	-`	
23			28	28				Trust Fund Contribution		Added t	
Zip Country			Zip	hamman from the state of the st			8. This corporation has liability for		tax under s	199.032	
24		25	29		30					No	
		and Address of Curre	nt Hegistered A	gent		B1	Name	10. Name and Address of New Re	glatered	Agent	
	HER, JR. D						realite				
	2 TREE TO				[1	32	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
PALM HARBOR FL 34683					l _i	33					· · · · · · · · · · · · · · · · · · ·
										,	
					1	84	City		FL	85 Zip (Code
11. Pursuant office or ragent. La	to the provis registered ag im familiar w	sions of Sections 607,05 gent, or both, in the State ith, and accept the oblic	02 and 607,1508 e of Florida Such gations of, Section	Florida Statu change was 607.0505, Fl	tes, the about authorized lorida Statu	ove by tes.	-named corporation	oration submits this statement for the pon's board of directors. I hereby accept		changing it ointment as	s registered registered
SIGNATURE.											
10	Signature typed	d or printed name of registered ag	gent and title if applicable ND DIRECTORS	e (NO		Agen	n signatura require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDECTOR	C IN 10
12.	PSTD	OFFICERS AF	ND DIRECTORS	DELETE	13.	E		ADDITIONS/CHANGES TO OFFIC	ERS ANL	Change	Addition
NAME	FISHER,	ip n			1.2 NAA					C Crango	Naparon
STREET ADDRESS		EE TOP DRIVE					ADDRESS				
CHY-ST-ZIP		ARBOR FL			1.4 CITY						
THILE	VD			DELETÉ	2.1 TITL					Change	Addition
NAME	FISHER,	RICHARD L.			2.2 NAN	ΛE					
STREET ADDRESS	7446 TU	RTLEBROOK LANE			2.3 STR	EET /	ADDRESS				
CHY-ST ZIP		RT RICHEY FL		F	2. 4 CIT		T-ZIP				
TITLE	VD			DELETE	3.1 TiTL	-				Change	Addition
NAME	HARRIS,				3.2 NAA						
STREET ADDRESS		RTLEBROOK LANE					ADDRESS				
CITY-ST-ZIP	NEW PI	RICHEY FL		DELETE	3.4. CIT		T-ZIP	,		☐ Change	Addition
TITLE				C" DETEIE	4.1 TITL					— cusu0s	FT MODITION
NAME STREET ADDRESS					4. 2 NA		address				
STHEET ADDRESS CITY-S1-ZIP					4.3 STR 4.4 CITY						
1011-51-20				☐ DELETE	5.1 TITL		- LIF			Change	Addition
NAME					5.2 NAA		}				
STREET ADORESS							ADDRESS				
CITY-ST-ZIP					5.4 CITY						
THE	†			DELETE	6.1 TITL				····	Change	Addition
				L Decerte	D. F. HPL	.t	ŀ			TT rusuñs	Augition
NAME				beerie	6.2 NAA	_				L'1 rusuña	Nation

6.4 City-St-ZIP

14. I do 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 effective that the analysis of 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 effective that 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 effective that 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, I further certify that the information indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation of the cor