

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

FILED
Apr 24 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 # J55190 (9)

1. Corporation Name
SPECIAL CARE HOME HEALTH, INC.

Principal Place of Business
4200 NW 16TH STREET
SUITE 500
LAUDERHILL FL 33313
US

Mailing Address
4200 NW 16TH ST.
500
LAUDERHILL FL 33313
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4200 NW 16 th ST	26 4200 NW 16 th ST
22 Suite, Apt. #, etc. Penthouse A	27 Suite, Apt. #, etc. Penthouse A
23 City & State Lauderdale Florida	28 City & State Lauderdale Florida
24 Zip 33313	29 Zip 33313
25 Country Brazil	30 Country Brazil

3. Date Incorporated or Qualified	Applied For
02/04/1987	Not Applicable
4. FEI Number	Applied For
65-0000826	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 owes or has paid the current year Intangible Personal Property Tax due June 30	Yes No

9. Name and Address of Current Registered Agent
BRAUSER, GERALD 20110 BOCA WEST DR. BOCA RATON FL 33428

10. Name and Address of New Registered Agent
81 Name Jeffrey A. Licker
82 Street Address (P.O. Box Number is Not Acceptable) 4200 NW 16th ST
83 Penthouse A
84 City Lauderdale FL 85 Zip Code 33313

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 Jeffrey A. Licker DATE 4/7/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	CEC
NAME	BRAUSER, GERALD
STREET ADDRESS	20110 BOCA WEST DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	VPST
NAME	BRAUSER, BERNICE
STREET ADDRESS	20110 BOCA WEST DR
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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.

SIGNATURE: Gerald Brauser Gerald Brauser 4/7/98 954-730-210

CR2E034 (10/97)