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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

J55198

(2)

SPECIAL CARE HOMEMAKER SERVICES, INC.

Principal Place of Business Mailing Add⊭ess						{ 1.001/14.048/ 04/01 01/44 /4010 14/07 4/04 0101/ 0101/ 04/41 0101/ 0101/ 0101/ 0101/			
4200 NW 16 ST 4200 NW 16 ST									
PH B		PH B	_						
Lauderhill fl 33313 US		LAUDERHILL FL 3331: US				3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1987 02/16/1995			
• Command Day	- I F)	Las Maria Malana				02/04/1987 4. FEI Number		710/	
2. Proncipal P12	ace of Business	2a. Mailing Address				65-0000827		-	Applied For Not Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired XX \$8.75 Additional Fee Required			
City & State	:	City & State				Election Campaign Financing Trust Fund Contribution		, .	.00 May Be
Z ip	Country	Ζιρ	Count	lry		8. This corporation has liability for	r intangible ta:		
24	25	29	30	T		Florida Statutes Yes No			
	9. Name and Address of Current	Registered Agent		11	Name	10. Name and Address of New	Hegistered A	gent	
EMAS I	MARSHALL J					(0.0.5)			
100 NE				2	Street Addr	ess (P.O. Box Number is Not Accepta	.cole; 		
STE 110			8	13					
FI LAUI	DERDALE FL 33301		8	4	City		FL	85	Zip Code
11. Pursuant t	o the provisions of Sections 607.0502 a	nd 607.1508, Florida Statu	tes, the above	e-na	amed corpor	ation submits this statement for the pi	urpose of cha	nging i	ts registered office
or register familiar wif	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	. Such change was authori. i 607.0505, Florida Statute	zea by the co s.	rpo	oration's boar	ro or directors. I hereby accept the ap-	pointment as	registe	red agent. i am
SIGNATURE	Signature, typed or printed nume of registered agent as	tene tampicable (N	OTr. Resistanci A	oent.	Simulture remains	o when renstating)	DATE		····-
12.	OFFICERS AND	The same of the sa	13.			ADDITIONS/CHANGES TO OF		DIREC	CTORS IN 12
11114	PVPS	DELETE	1 1 ToTL	1 1 TITLE] Chan	ge 🔲 Addition
NAM:	SAWCHUK, CLARE		1.2 NAM	E					
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CITY - ST - ZIP	LONG BOAT KEY FL	DELFTE	1.4 CrTY		-ZIP			Chan	as D Addition
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NAME	•		3.2 NAM	IE.			_		
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NAME			5.2 NAM						
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TOTE! NAME			62 NAM			4.4.4	L	_ Viidii	es D Addition
STREET ADDRESS					ADDRESS				
STREET ADJUNESS	1		03318	LL /	UPOULOG				

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 supporation or the receiver, or trustee emporative to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change for on an attachment with an address Auchul 22996 **SIGNATURE:**

FILED

Secretary of State

Mar 08 1996 8:00 am

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