

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J55198 (2)

1. Corporation Name

SPECIAL CARE HOMEMAKER SERVICES, INC.



Principal Place of Business

Mailing Address

4200 NW 16 ST
PH B
LAUDERHILL FL 33313
US

4200 NW 16 ST
PH B
LAUDERHILL FL 33313
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1987

4. FEI Number

65-0000827

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 4200 NW 16 ST

26 4200 NW 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Penthouse A

27 Penthouse A

City & State

City & State

23 Lauderdale Florida

28 Lauderdale Florida

Zip

Country

Zip

Country

24 33313

25

Broward

29 33313

30

Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMAS, MARSHALL J
100 NE 3 AVE
STE 1100
FT LAUDERDALE FL 33301

81 Name

Jeffrey A. Licker

82 Street Address (P.O. Box Number is Not Acceptable)

4200 NW 16 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

Signature typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVPS
NAME SAWCHUK, CLARE
STREET ADDRESS 4450 EXETER DRIVE
CITY-ST-ZIP LONG BOAT KEY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 [Signature] Date 4/16/98 854-730-2100

CR2E034 (10/97)