

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 10:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J62594 (3)

1. Corporation Name
READING HOME CARE SYSTEMS, INC.

**WE HAVE MOVED TO SUITE 700
407 LINCOLN ROAD
MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business % ANDREW H. MORIBER 407 LINCOLN ROAD, SUITE 14700 MIAMI BEACH FL 33139	Mailing Address % ANDREW H. MORIBER 407 LINCOLN ROAD, SUITE 14700 MIAMI BEACH FL 33139
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3. Date Incorporated or Qualified 03/17/1987	3a. Date of Last Report 08/10/1994
4. FEI Number 65-0001735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Excluded Corporation Privileges Trust Fund / Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent MORIBER, ANDREW H. 407 LINCOLN ROAD, SUITE 11-L MIAMI BEACH FL 33139				10. Name and Address of New Registered Agent	
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City	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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS #1-12	
T DREILING, LEATRICE 407 LINCOLN RD., STE. 14700 MIAMI BCH. FL		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D KLEIN, WILLIAM J. JR. 301 S SEVENTH AVE. W. READING PA		12 NAME	
S MITINICK, PAUL D. 301 S. SEVENTH AVE. W. READING PA		13 STREET ADDRESS	
PD MORIBER, ANDREW H. 407 LINCOLN RD STE 14700 MIAMI BCH FL		14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 initial 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, in 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: **07/31/95** **306 634 5102**
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (3/95)