

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J62594 (3)**

1. Corporation Name  
**READING HOME CARE SYSTEMS, INC.**



Principal Place of Business Mailing Address  
**% ANDREW H. MORIBER**  
**407 LINCOLN RD STE 700**  
**MIAMI BEACH FL 33139**  
**US**

3. Date Incorporated or Qualified **03/17/1987** 3a. Date of Last Report **08/07/1995**  
4. FEI Number **65-0001735** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MORIBER, ANDREW H.**  
**407 LINCOLN ROAD, SUITE 11-L**  
**MIAMI BEACH FL 33139**

81 Name **Leatrice Dreiling**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **407 Lincoln Road**  
**Suite 700**  
84 City **Miami Beach** FL 85 Zip Code **33139**

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 *Leatrice Dreiling* **Leatrice Dreiling 2/27/96** DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DREILING, LEATRICE</b>	
STREET ADDRESS	<b>407 LINCOLN RD STE 700</b>	
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KLEIN, WILLIAM J. JR.</b>	
STREET ADDRESS	<b>301 S SEVENTH AVE.</b>	
CITY-ST-ZIP	<b>W. READING PA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MITINICK, PAUL D.</b>	
STREET ADDRESS	<b>301 S. SEVENTH AVE.</b>	
CITY-ST-ZIP	<b>W. READING PA</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORIBER, ANDREW H.</b>	
STREET ADDRESS	<b>407 LINCOLN RD STE 700</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Leatrice Dreiling</b>	
1.3 STREET ADDRESS	<b>407 Lincoln Road, Suite 700</b>	
1.4 CITY-ST-ZIP	<b>Miami Beach, Florida 33139</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 *Leatrice Dreiling* **Leatrice Dreiling, President 305-534-5102** DATE DAYTIME PHONE #

CR2E034 (12/95)