


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

FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J62594** (3)  
1. Corporation Name  
**READING HOME CARE SYSTEMS, INC.**



Principal Place of Business <b>% ANDREW H. MORRIS 407 LINCOLN RD STE 700 MIAMI BEACH FL 33139 US</b>	Mailing Address <b>% ANDREW H. MORRIS 407 LINCOLN RD STE 700 MIAMI BEACH FL 33139-3008 US</b>
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3. Date Incorporated or Qualified <b>03/17/1987</b>	3a. Date of Last Report <b>03/12/1996</b>
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2. Principal Place of Business 21 <b>c/o Leatrice Dreiling</b> Suite, Apt. #, etc. 22 <b>407 Lincoln Rd.Ste.700</b> City & State 23 <b>Miami Beach, FL</b> Zip 24 <b>33139</b>	2a. Mailing Address 26 <b>c/o Leatrice Dreiling</b> Suite, Apt. #, etc. 27 <b>407 Lincoln Rd.Ste.700</b> City & State 28 <b>Miami Beach, FL</b> Zip 29 <b>33139</b>	4. FEI Number <b>65-0001735</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**DREILING, LEATRICE  
407 LINCOLN ROAD  
STE 700  
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
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

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	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREILING, LEATRICE</b>	1.2 NAME	
STREET ADDRESS	<b>407 LINCOLN RD STE 700</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BCH. FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, WILLIAM J. JR.</b>	2.2 NAME	
STREET ADDRESS	<b>301 S SEVENTH AVE.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W. READING PA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITINICK, PAUL D.</b>	3.2 NAME	
STREET ADDRESS	<b>301 S. SEVENTH AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W. READING PA</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

CR2E034 (9/96)