COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # L21151

DELORDAN HOME CARE CENTER, INC.

REINICKE, STEPHANIE A., ESQUIRE

1800 2ND ST. SUITE 803

SARASOTA FL 34236

ncipal Place of Business

10 FRUITVILLE ROAD RASOTA FL 34232 Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City &-State --

28 Zip

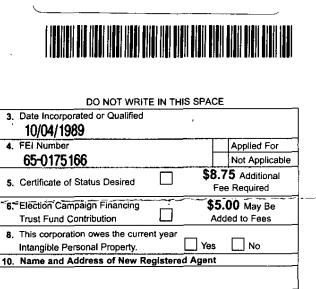
SARASOTA 29

9. Name and Address of Current Registered Agent

4440 FRUITVILLE ROAD SARASOTA FL 34232

## FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90006 025 \*\*\*550.00



85

Zip Code

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.

Country

81

82

83

84 City

Name

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

30

IATURE .	Signature, typed or printed name of registered agent and title if appli	cable. (NO	TE: Registered Agent signature requ		DATE
	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 12
	D	DELETE	1.1 TITLE		Change Addition
	OLUICH, DELORES		1.2 NAME		'
ADDRESS	4004 FRUITVILLE RD.		1.3 STREET ADDRESS		
-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
	D	DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
1	OLUICH, DANIEL SR		2.2 NAME		
ADDRESS	4004 FRUITVILLE RD.		2.3 STREET ADDRESS		
iT-ZIP	SARASOTA FL	-	2.4 CITY-ST-ZIP	<u></u>	
		DELETE	3.1 TITLE		Change Addition
			3.2 NAME		
ADDRESS			3.3 STREET ADDRESS		
-ZIP }			3.4 CITY-ST-ZIP		
		DELETE	4.1 TITLE		Change Addition
			4.2 NAME		
ADDRESS			4.3 STREET ADDRESS		
-ZIP			4.4 CITY-ST-ZIP		
		DELETE	5.1 TITLE		Change Additio
	·		5.2 NAME		
ADDRESS			5 3 STREET ADDRESS	•	
-ZIP			5.4 CITY-ST-ZIP	_	
٠, .		DELETE	6.1 TITLE		Change Addition
		_ <del>_</del>	6.2 NAME		
ADDRESS	, - ·		6.3 STREET ADDRESS		
-ZIP			6.4 CITY-ST-ZIP		

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 in 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 a Block 12 or Block 13 is changed, or on an attachment with an address.

SNATURE: Delos Olivica (Deloses Olvica) 9/6/99 (941)371-4915

CR2F034 (5/99)