

ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
UNT 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

DOCUMENT # **L39284**

orporation Name  
**LL HOUSECALLS, INC.**

Principal Place of Business  
**1ST AVENUE  
Y BEACH FL 33444**

Mailing Address  
**214 N 1ST AVENUE  
DELRAY BEACH FL 33444  
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**214 NE 1st Ave**  
Suite, Apt. #, etc.

2a. Mailing Address  
**214 NE 1st Ave**  
Suite, Apt. #, etc.

City & State  
**Delray Beach, FL**  
Country  
**33444**

2b. City & State  
**Delray Beach, FL**  
Zip  
**33444**

3. Date Incorporated or Qualified  
**12/26/1989**

4. FEI Number  
**65-0237615**  
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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TEPSIC, MICHAEL  
214 NE 1ST AVENUE  
DELRAY BCH FL 33444**

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

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

OFFICERS AND DIRECTORS

ADDRESS	ZIP	DELETE
<b>DCO TEPSIC, MICHAEL 214 N 1ST AVENUE DELRAY BEACH FL</b>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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  
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  
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**TEPSIC, MICHAEL**

**561-265-0553**

CR2E034 (5/99)

L39284  
614217-90009-16

All Housecalls, Inc.  
214 N.E. 1<sup>st</sup> Avenue  
Delray Beach, FL 33444

August 26, 1999

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Annual Report

Sir/Madam:

I recently received a notice that we had neglected to return our Annual Report and pay the Annual filing fee.

Upon checking our records, I find that we did not receive the Annual Report. I believe it was sent to the wrong address. Please look at the attached copy of the 2<sup>nd</sup> Notice we received. The address was originally incorrect and someone penciled over it and wrote in the correct address that is why we received the 2<sup>nd</sup> notice. Apparently the original Report was sent to the wrong place.

Normally my wife/office manager handles the filing of all Reports, however, she has been on maternity leave due to a very difficult pregnancy and did not realize we had not received the Annual Report and therefore inadvertently overlooked the filing and payment of the Report.

Please find enclosed a completed Report and the original filing fee that was due May 1<sup>st</sup>. Due to the fact that we have always been prompt with our payment and this is the first time we have been late, I hope you will take this into consideration and wave the penalty.

Looking forward to your response.

Sincerely,



Michael Tepsic, Pres.

MT/h