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Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L66613 (5)
1. Corporation Name
HOME CARE INDUSTRIES, INC.



Principal Place of Business: 13155 40TH ST N CLEARWATER FL 34622
Mailing Address: 13155 40TH ST N CLEARWATER FL 34622-4208

3. Date Incorporated or Qualified: 04/16/1990
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business: 21 12101 31 CT N, Suite, Apt. #, etc.
22 City & State: St. Pete, FL
23 Zip: 33714, Country: Pinellas
24 25
26 Mailing Address: Same, Suite, Apt. #, etc.
27 City & State:
28 Zip: USA, Country:
29 30
4. FEI Number: 59-3004493
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

9. Name and Address of Current Registered Agent: LARKIN, DAVID, 13155 40TH ST. NO. SUITE 400, CLEARWATER FL 34622
10. Name and Address of New Registered Agent: 81 Name: DAVID LARKIN, 82 Street Address: 12101 31 CT N, 83 City: CLEARWATER FL, 84 City: FL, 85 Zip Code: 33714

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] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	RICH, JOHN THOMAS 13155 40TH ST. NO CLEARWATER FL	1.1 TITLE: P	Rich, John Thomas
NAME:		1.2 NAME:	12101 31 CT N.
STREET ADDRESS:		1.3 STREET ADDRESS:	St. Pete, FLA. 33714
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: V	LARKIN, DAVID W 13155 40TH STREET NORTH CLEARWATER FL	2.1 TITLE: V	LARKIN, David W.
NAME:		2.2 NAME:	12101 31 CT N.
STREET ADDRESS:		2.3 STREET ADDRESS:	St. Pete, FLA. 33714
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: S	SELIGMAN, TERRY A. 13155 40TH STREET NORTH CLEARWATER FL	3.1 TITLE: S	Seligman, Terry A.
NAME:		3.2 NAME:	12101 31 CT N.
STREET ADDRESS:		3.3 STREET ADDRESS:	St. Pete, FLA. 33714
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
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, trustee, assignee, or assignee 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 addendum.

SIGNATURE: [Signature] DATE: 2-4-97 DAYTIME PHONE #: 591-7779

CR2E034 (9/96)