

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

FILED

Feb 05, 1999 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-05-1999 90002 023 \*\*\*\*150.00

DOCUMENT # L66613

Corporation Name HOME CARE INDUSTRIES, INC.



Principal Place of Business  
01 31 CT N  
PETERSBURG FL 33716

Mailing Address  
12101 31 CT N  
ST PETERSBURG FL 33716  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/16/1990**

4. FEI Number **59-3004493** 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 Tax.  Yes  No

Principal Place of Business 2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>1. TITLE <input type="checkbox"/> DELETE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY-ST-ZIP</p>	<p>P RICH, JOHN</p> <p>2135 CAMDEN WAY</p> <p>CLEARWATER FL 33759</p>	<p>1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY-ST-ZIP</p>	
<p>1. TITLE <input type="checkbox"/> DELETE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY-ST-ZIP</p>	<p>VP LARKIN, DAVID</p> <p>708 1ST AVENUE S.</p> <p>TIERRE VERDE FL 33715</p>	<p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY-ST-ZIP</p>	
<p>1. TITLE <input type="checkbox"/> DELETE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY-ST-ZIP</p>	<p>S SELIGMAN, TERRY</p> <p>3660 EAST BAY DRIVE #231</p> <p>LARGO FL 33771</p>	<p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY-ST-ZIP</p>	
<p>1. TITLE <input type="checkbox"/> DELETE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY-ST-ZIP</p>		<p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY-ST-ZIP</p>	
<p>1. TITLE <input type="checkbox"/> DELETE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY-ST-ZIP</p>		<p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY-ST-ZIP</p>	
<p>1. TITLE <input type="checkbox"/> DELETE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY-ST-ZIP</p>		<p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY-ST-ZIP</p>	

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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
Date: 1-18-99 Daytime Phone #: 727-572-7779

CR2E034 (11/98)