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

PROFIT CORPORATION ANNUAL REPORT

1999

incipal Place of Business

PETERSBURG FL 33716

Suite, Apt. #, etc.

City & State

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # L66613

HOME CARE INDUSTRIES, INC.

2135 CAMDEN WAY 1.3 STREET ADDRESS REET ADDRESS **CLEARWATER FL 33759** 1.4 CITY-ST-ZIP Y-ST-ŽIP DELETE 2.1 TITLE LARKIN, DAVID 22 NAME 708 1ST AVENUE S. REET ADDRESS 2.3 STREET ADDRESS TIERRE VERDE FL: 33715 2.4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE SELIGMAN, TERRY 3.2 NAME 3660 EAST BAY DRIVE #231 3.3 STREET ADDRESS REET ADDRESS LARGO FL 33771 3.4. CITY-ST-ZIP Y-ST-ZIP DELETE 4. 2 NAME ИÊ 🦏 REET ADDRESS 4.3 STREET ADDRESS Y-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE 51 TITLE 5.2 NAME 5.3 STREET ADDRESS REET ADDRESS 5.4 CITY-ST-ZIP Y-ST-ZIP 6.1 TITLE ☐ DELETE BINE PARTITION AL 6.2 NAME 6.3 STREET ADDRESS REET ADDRESS 6.4 CITY-ST-ZIP

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 of the receiver of fustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

with an address, with all other like empowered.

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90002 023 ***150.00

HOME CARE INDUSTRIES, INC.									
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						3. Date incorporated or Qualifed 04/16/1990			1
Dringing D	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	1
-ппораг	lace of Busiless	26				59-3004493		lot Applicable	1:
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required]
City & Stat	•		City & State			6. Election Campaign Financing	-	0 May Be	‡_
ony a one		28				Trust Fund Contribution		to Fees	ļ
Zip	Country Zip			intry		8. This corporation owes the current year Intangible			
	25 29		30			Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered A	gent		1
C T	CODDODATION CYCTEM	•		81	Name		٠	•	
	CORPORATION SYSTEM SOUTH PINE ISLAND RD.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			1
PLANTATION FL 33324			•			2. 98 (A. 4.) (1.	r, dear e.m., Ellerin Erain	Area High Long	1
FLAI	TATION FE 35324	•		83					ľ
				84	City	FL	85 Zip	Code	1
<u> </u>		1007.4500 51.44- 04-4				poration submits this statement for the purpose of c	hanaina il	te registered	1
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	f Florida. Such change was a	authorized	d by th	ne corporation	on's board of directors. I hereby accept the appoint	ment as r	egistered	
NATURE						DATE			1
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS			Agent :	signature require	ed when reinstating); DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
:	P OFFICERS AND	DELETE	13. 1.1 TI	TLE		Ra Col VI	☐ Change		1
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-ST-ŽIP	CLEARWATER FL 33759			TY-ST-					ľ
	VP	☐ DELETE	2.1 TI				Change	Addition]
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