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

2a. Mailing Address

City & State

Zin

Suite, Apt. #, etc.

26

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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT #

1. Corporation Name L87000 (0)**HOME COMPANIONS OF MANATEE, INC.** Principal Place of Business Mailing Address 3707 26TH ST. WEST 3707 26TH ST. WEST **BRADENTON FL 34205 BRADENTON FL 34205**

Country

9. Name and Address of Current Registered Agent

Signature, typod or printed name of registered agent and title if applicable

25

3707 26TH STREET WEST

BRADENTON FL 34205

AUSMAN, NIRA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

SIGNATURE

NAME

TITLE

NAME

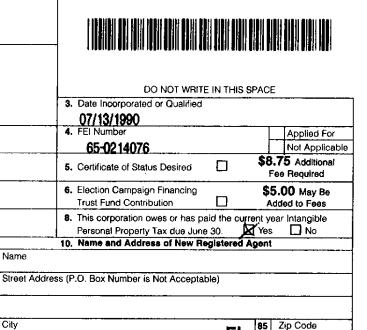
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED Apr 15 1998 8:00am Secretary of State



☐ Addition

Change

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE __ Change Addition NAME AUSMAN, NIRA 1.2 NAME STREET ADORESS 3707 26TH ST. WEST 1.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ٧D 21 TITLE Change Addition NAME AUSMAN, ELIZABETH 2.2 NAME 3707 26TH ST. WEST STREET ADDRESS 2.3 STREET ADDRESS BRADENTON FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition MCARTHUR, DAVID NAME 3.2 NAME 3707 26TH ST W STREET ADDRESS 3.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition MCARTHUR, DIANNE NAME 4. 2 NAME 3707 26TH ST W STREET ADDRESS 4.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ■ Addition

Country

83 **B4**

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.

Name

(NOTE: Registered Agent signature required when reinstating)

30

14. 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

01 15 00 (OUT) 253 HULA August 1 CLIOADION

DELETE