FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M02501** **(8)**

1. Corporation Name

A RELIABLE HOMEMAKER OF MARTIN-ST. LUCIE COUNTY, INC.

Principal Place of Business	Mailing Address
1981 MARCUS AVE. LAKE SUCCESS, NY. 11042	1981 MARCUS AVE. LAKE SUCCESS, NY. 11042

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1984	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2486081	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1983 Marcus Ave.,CB 7011	26 1983 Marcus Ave.,CB 7011
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lake Success, NY 11042	28 City & State: Lake Success, NY 11042
24 Zip: 11042 25 Country: USA	29 Zip: 11042 30 Country: USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORP. SYSTEM, INC.
1201 HAYES ST
SUITE 195
TALLAHASSEE FL 32301

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	☒ Change ☐ Addition
NAME	SAVITSKY, STEPHEN	1.2 NAME	
STREET ADDRESS	1981 MARCUS AVE	1.3 STREET ADDRESS	1983 Marcus Avenue, CB 7011
CITY-ST-ZIP	LAKE SUCCESS NY	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	TIGHE, GARY	2.2 NAME	
STREET ADDRESS	1981 MARCUS AVE	2.3 STREET ADDRESS	1983 Marcus Avenue, CB 7011
CITY-ST-ZIP	LAKE SUCCESS NY	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	☒ Change ☐ Addition
NAME	SAVITSKY, DAVID	3.2 NAME	
STREET ADDRESS	1981 MARCUS AVE.	3.3 STREET ADDRESS	1983 Marcus Avenue, CB 7011
CITY-ST-ZIP	LAKE SUCCESS, NY.	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	SAVITSKY, DAVID	4.2 NAME	
STREET ADDRESS	1981 MARCUS AVE.	4.3 STREET ADDRESS	1983 Marcus Avenue, CB 7011
CITY-ST-ZIP	LAKE SUCCESS, NY.	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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.

SIGNATURE: _____ 4/18/95 516-358-1000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000190B CP