

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M02501 (8)

1. Corporation Name

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



Principal Place of Business

Mailing Address

1983 MARCUS AVE  
CB 7011  
LAKE SUCCESS, NY. 11042  
US

1983 MARCUS AVE  
CB 7011  
LAKE SUCCESS NY 11042  
US

3. Date Incorporated or Qualified

07/05/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(Signature, typed or printed name of registered agent and street address)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD ☐ DELETE

1 1 TITLE ☐ Change ☐ Addition

NAME SAVITSKY, STEPHEN  
STREET ADDRESS 1983 MARCUS AVE, CB 7011  
CITY-ST-ZIP LAKE SUCCESS NY

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE VD ☐ DELETE

2 1 TITLE ☐ Change ☐ Addition

NAME TIGHE, GARY  
STREET ADDRESS 1983 MARCUS AVE, CB 7011  
CITY-ST-ZIP LAKE SUCCESS NY

2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY-ST-ZIP

TITLE TS ☐ DELETE

3 1 TITLE ☐ Change ☐ Addition

NAME SAVITSKY, DAVID  
STREET ADDRESS 1983 MARCUS AVE, CB 7011  
CITY-ST-ZIP LAKE SUCCESS, NY.

3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY-ST-ZIP

TITLE VD ☐ DELETE

4 1 TITLE ☐ Change ☐ Addition

NAME SAVITSKY, DAVID  
STREET ADDRESS 1983 MARCUS AVE, CB 7011  
CITY-ST-ZIP LAKE SUCCESS, NY.

4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY-ST-ZIP

TITLE ☐ DELETE

5 1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY-ST-ZIP

TITLE ☐ DELETE

6 1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6 2 NAME  
6 3 STREET ADDRESS  
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)