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FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
**1983 MARCUS AVE
CB 7011
LAKE SUCCESS, NY. 11042
US**

Mailing Address
**1983 MARCUS AVE
CB 7011
LAKE SUCCESS NY 11042-1016
US**



3. Date Incorporated or Qualified
07/05/1984

3a. Date of Last Report
02/27/1996

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-2486081

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	SAVITSKY, STEPHEN	
STREET ADDRESS	1983 MARCUS AVE, CB 7011	
CITY - ST - ZIP	LAKE SUCCESS NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TIGHE, GARY	
STREET ADDRESS	1983 MARCUS AVE, CB 7011	
CITY - ST - ZIP	LAKE SUCCESS NY	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	SAVITSKY, DAVID	
STREET ADDRESS	1983 MARCUS AVE, CB 7011	
CITY - ST - ZIP	LAKE SUCCESS, NY.	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAVITSKY, DAVID	
STREET ADDRESS	1983 MARCUS AVE, CB 7011	
CITY - ST - ZIP	LAKE SUCCESS, NY.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008743

CR2E034 (9/96)