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May 28 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 # M60235 (2)

1. Corporation Name
HOME CARE MANAGEMENT SERVICES, INC.

Principal Place of Business

% BRADLEY L. HERTZ
8632 GRIFFIN RD
COOPER CITY FL 33328
US

Mailing Address

% BRADLEY L. HERTZ
8632 GRIFFIN RD
COOPER CITY FL 33328-3719
US



2. Principal Place of Business

21 8676 Griffin Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 8676 Griffin Rd.
Suite, Apt. #, etc.

22 City & State

23 Cooper City, FL
Zip Country

24 33328 25 USA

27 City & State

28 Cooper City, FL
Zip Country

29 33328 30 USA

3. Date Incorporated or Qualified

09/30/1987

3a. Date of Last Report

08/01/1996

4. FEI Number

65-0012649

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

9. Name and Address of Current Registered Agent

MITCHELL, DAVID B ESQ.
2100 PONCE DE LEON BLVD.
STE. 920
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Eugene P. Samuels

82 Street Address (P.O. Box Number in Not Applicable)

8676 Griffin Rd.

83

84 City

Cooper City

FL

85 Zip Code

33328

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

4/25/97

12. OFFICERS AND DIRECTORS

TITLE D HERTZ, BRADLEY L. DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
8632 GRIFFIN RD.
COOPER CITY FL 33328

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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

BRAD HERTZ

Date

Daytime Phone #

CR2E034 (9/96)