

07/15/97 08:50 904 398 5722

FAMILY FOCUS

FRANK WARD

001/002


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northerm Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000012999 (8) 1. Corporation Name FAMILY FOCUS HOME CARE INC.					
Principal Place of Business 1525 SAN MARCO BLVD. JACKSONVILLE FL 32207			Mailing Address 1420 FLAGLER AVENUE JACKSONVILLE FL 32207 US		
2. Principal Place of Business 21 1420 Flagler Ave		2a. Mailing Address 26 1420 FLAGLER AVE		3. Date Incorporated or Qualified 12/21/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3150139	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additio Fee Required	
Zip 24		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May t Added to Fee	
7. Name and Address of Current Registered Agent DEHATE, CAROL W 1525 SAN MARCO BLVD. JACKSONVILLE FL 32207		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 02/23/1996	
9. Name and Address of Current Registered Agent DEHATE, CAROL W 1525 SAN MARCO BLVD. JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1420 FLAGLER AVE 83 84 City FL 85 Zip Code 32207		11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regis 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Karen Darnell Signature, typed or printed name of registered agent and title if applicable		PRESIDENT (NOTE: Registered Agent signature required when releasing)		7/21/97 DATE	
12. OFFICERS AND DIRECTORS					
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	DEHATE, CAROL W				
STREET ADDRESS	11655 MONTEZ LANE				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	DARNELL, KAREN F				
STREET ADDRESS	11715 EDMERE DR				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A			
1.2 NAME		300002261943--8			
1.3 STREET ADDRESS		-08/08/97--01100--019			
1.4 CITY-ST-ZIP		****165.00 ****165.00			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> A			
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 149.07(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 o 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 REQUIRED			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/20/97			

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Frank P. Ward
Certified Public Accountant

140 N.W. 75th Drive, Suite B • Gainesville, Florida 32607-1587 • (352) 331-1955 • Fax (352) 331-0060

July 23, 1997

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: 1997 Profit Corporation Annual Report
Family Focus Home Care, Inc. 59-3150139

Dear Madam Secretary:

Enclosed is your "Second Notice" completed along with my client's check for the \$165.00 annual filing fee. While I am in agreement that my client had not responded to the initial Annual Return by May 1, 1997, we request an abatement of the \$385.00 late fee assessed.

These taxpayers, without exception, have filed their tax returns and Florida Annual Reports on time and never had any intention of avoiding the State of Florida statutes. The reason they did not file this report by May 1, 1997 was because we did not receive the first notice. As you can see my client timely filed their 1996 return on February 23, 1996. They also filed the 1995 report timely. Please waive the \$385.00 late fee on my client. I feel it is important to point out that this was an isolated incident and, for this reason, we hope that you will abate the \$385 late fee.

Please notify us as soon as you have made a decision on this matter. We thank you for your consideration.

Sincerely yours,



Frank P Ward

enclosure(s)

copy: Family Focus Home Care, Inc.