FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 **FILED** Feb 18 1998 8:00am FLORIDA DEPARTMENT STATE **PROFIT** Sandra B. Morth CORPORATION ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORA TIONS 1998 P93000087316 (4) DOCUMENT #

1. Corporation Name HOME CARE RESEARCH INCORPORATED Mailing Address Principal Place of Business 219 S. JACKSON STREET 219 S. JACKSON STREET BEVERLY HILLS FL 34465 BEVERLY HILLS FL 34465 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/01/1994 : 2a, Malling Address 2. Principal Place of Business Applied For 59-3297872 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution 28 Added to Fees 23 Courry 8. This corporation owes or has paid the current year Intangible Country Zip Zip 30 Personal Property Tax due June 30. 29 ☐ Yes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name -8 N. LINCOLN AVE. 219 S. JACKBON SI Street Address (P.O. Box Number is Not Acceptable) **BEVERLY HILLS FL 34465** City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the evenamed 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 algorithm 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 Sides. (NOTE: Regist@gent signature required when reinstating) SIGNATURE Signature, typod or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change \_\_\_ Addition D TITLE MORRIS, WALTER D NAME 2195. JACKSON ST. 1 FT ADDRESS 8 N. LINCOLN AVE. STREET ADDRESS 1 - ST - ZIP BEVERLY HILLS FL 34465 CITY-ST-ZIP DELETE Change Addition TITLE MORRIS, MONA R NAME 219 S. JACKEON ET 8 N. LINCOLN AVE. STREET ADDRESS T-ZIP BEVERLY HILLS FL 34465 CITY - ST - ZIP DELETE Change Addition TITLE NAME **NDDRESS** STREET ADDRESS · ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE NAME DRESS STREET ADDRESS CITY-ST-ZIP DELETE Change Addition TITLE NAME RESS STREET ADDRESS CITY-ST-ZIP DELETE Change Addition TITLE STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not question indicated on this annual report or supplemental annual report is true as indicated on this annual report or supplemental annual report is true as indicated on this annual report or supplemental annual report is true as indicated on this annual report is true as indicated on the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address. CITY-ST-ZIP n Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in