

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015884 (7)

1. Corporation Name

AGAPE HEALTH CARE SERVICES INC.

Principal Place of Business

15490 N.W. 7TH AVENUE
MIAMI FL 33169

Mailing Address

15490 N.W. 7TH AVENUE
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

4. FEI Number

65-0469771

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

10. Name and Address of New Registered Agent

BRIGGS, RUTH
15600 NW 7TH AVENUE
MIAMI FL 33169

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

14795 NE 18 AVE

83

84 City

MIAMI

FL

85 Zip Code

33181

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 of Registered Agent and file if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRIGGS, TONYA DR
STREET ADDRESS	15600 NW 7TH AVENUE
CITY, ST, ZIP	MIAMI FL 33169
TITLE	D
NAME	BRIGGS, RUTH
STREET ADDRESS	15600 NW 7TH AVENUE
CITY, ST, ZIP	MIAMI FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
12 NAME	BRIGGS, TONYE DR.
13 STREET ADDRESS	14795 NE 18 AVE
14 CITY-ST-ZIP	MIAMI FL 33181
2. TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	14795 NE 18 AVE
24 CITY-ST-ZIP	MIAMI FL 33181
3. TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

ROB BRIGGS

RUTH BRIGGS

2/17/95

687-1001

SIGNATURE AND SIGNED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #