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FILED
Apr 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 # P95000016682 (3)

1. Corporation Name

A TO Z HOME CARE, INC.



Principal Place of Business

20020 NW 34TH CT.
OPA-LOCKA FL 33056

Mailing Address

20020 NW 34TH CT.
OPA-LOCKA FL 33056-1759

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SMIKLE, FLORENCE
20020 NW 34TH CT.
OPA-LOCKA FL 33056

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

58-2171898

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

10. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
SMIKLE, ANTHONY A.
20020 NW 34TH CT.
MIAMI FL 33056

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V
MACKEY, LARRY D.
1650 NW 5TH CT.
PEMBROKE PINES FL 33028

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

T
SMIKLE, ELENOR
12105 NW 6TH AVE.
MIAMI SHORES FL 33168

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

S
SMIKLE-POITIER, FLORENCE
20020 NW 34TH CT.
OPA-LOCKA FL 33056

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE 32 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition

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)(j), 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

4/17/97

305-628-0071

CR2E034 (9/96)