

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000064159 (3)

1. Corporation Name

FAMILY AFFAIR HOME CARE, INC.



Principal Place of Business

93 MARGARITA DR  
WEST PALM BEACH FL 33415

Mailing Address

93 MARGARITA DR  
WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified  
08/17/1995

3a. Date of Last Report  
First

2. Principal Place of Business

21 Same as above

Suite, Apt. #, etc.

22 City & State  
Same

23 Zip  
Same

24 Country  
Same

2a. Mailing Address

25 93 Marguerita Dr.

Suite, Apt. #, etc.

27 City & State  
West Palm Beach, Florida

28 Zip  
33415

29 Country  
Pan Beach

4. EFL Number

59-3333098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

STEWART, JAMES M  
1211 THE PLAZA  
SINGER ISLAND FL 33404

81 Name

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

83

84 City

FL

85 Zip Code

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 this applies to

Signature of Registered Agent, signed and required when filing this

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
NESTOR, BRENDA  
STREET ADDRESS  
93 MARGARITA DR  
CITY-ST-ZIP  
WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME  
NESTOR, GEORGE W  
STREET ADDRESS  
93 MARGARITA DR  
CITY-ST-ZIP  
WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME  
GONITE, VICTORIA D  
STREET ADDRESS  
93 MARGARITA DR  
CITY-ST-ZIP  
WEST PALM BEACH FL 33415

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

Brenda M Nestor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/196

1-407-687-9936

CR2E034 (12/95)