

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
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

Marguerita Dr., 93 MARGARITA DR
WEST PALM BEACH FL 33415



2. Principal Place of Business

Same as above

Suite, Apt. #, etc.

22

City & State

Same

Zip

Same

Country

24

25

Same

Same

2a. Mailing Address

93 Marguerita Dr.

Suite, Apt. #, etc.

27

City & State

West Palm Beach, Florida

28

Zip

33415

Country

29

West Beach

9. Name and Address of Current Registered Agent

**STEWART, JAMES M
1211 THE PLAZA
SINGER ISLAND FL 33404**

3. Date Incorporated or Qualified

08/17/1995

3a. Date of Last Report

First

Applied For
Not Applicable

4. EIN Number

59-3333098

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

\$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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 title, if applicable

Officer, Registered Agent or Agent as required when filed this

DATE

CR22E04 (12/95)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	93 MARGARITA DR		1.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33415		1.3 STREET ADDRESS	
CITY - ST - ZIP			1.4 CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESTOR, GEORGE W		2.2 NAME	
STREET ADDRESS	93 MARGARITA DR		2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33415		2.4 CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONITE, VICTORIA D		3.2 NAME	
STREET ADDRESS	93 MARGARITA DR		3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33415		3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			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
Date of Filing