FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



COF ANNU	PROFIT RPORATION JAL REPORT 1997		Sandra I Secreta	RTMENT OF STATE 3. Mortham ry of State CORPORATIONS			
FAMILY	AFFAIR HOME CARE,	, INC.	1159 (3)				
Principal Plac 93 MARGUERI WEST PALM 8 US		93 1	iing Address Marguerita Drive Bt Palm Beach FL 3	3415-1925			
					 Date Incorporated or Qualified 08/17/1995 	3a. Date of Las 04/26/199	
→ ~~	lace of Business		Mailing Address		4. FEI Number		Applied For
Suite, Apt.	#, elc.	L	Suite, Apt. #, etc.		59-3333098 5. Certificate of Status Desired	\$8.7	Not Applicat Additional
City & State	8	27	City & State		6. Election Campaign Financing	Fee	Required May Be
Zip	Country	28	7ip	Country	Trust Fund Contribution	Adde	d to Fees
24]	25	29	•	30	 This corporation has liability for Florida Statutes 	or intengibie tax unde Ves 🔲 No	r s. 199.032,
OTC	g, Name and Address of	Current Registe	red Agent	81 Name	10. Name and Address of New I	Registered Agent	
121	WART, JAMES M 1 THE PLAZA				Address (P.O. Box Number is Not Accept	ahla)	
SINGER ISLAND FL 33404				102 SHOOL A	diess (r. O. Box Mamber 15 Not Acceptable)		
				h 			
* .*				83			
11. Pursuant		607,0502 and 607	7.1508, Fiorida Statut	84 City	corporation submits this statement for the	F1 1 1	p Code
SIGNATURE	to the provisions of Sections 6 egistered agent, or both, in th m familiar with, and accopt the Signature, typed or printed name of regis	stered agent and title if	applicable. (NOT	es, the above-named authorized by the corp orida Statutes.		p purpose of changing ept the appointment	j its registere as registered
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no hereby everify that the information supplies with this litting does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, 110/there 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 Dreve In Waster

4/1/91

1-561-681-9936