

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000067505 (4)**

1. Corporation Name
KING HOME HEALTH SERVICES, INC.



Principal Place of Business: **9315 NE 6TH AVE SUITE A1 MIAMI SHORES FL 33138**
Mailing Address: **9315 NE 6TH AVE SUITE A1 MIAMI SHORES FL 33138**

3. Date Incorporated or Qualified: **08/31/1995**
3a. Date of Last Report: Applied For / Not Applicable
4. FEI Number: 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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, JAMES M
801 BRICKELL AVE
24TH FLOOR
MIAMI FL 33131**

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0502, Florida Statutes.

SIGNATURE: _____ DATE: **2/5/96**

12. OFFICERS AND DIRECTORS

| | | |
|--------------------|---------------------------------|---------------------------------|
| 1. TITLE | D | <input type="checkbox"/> DELETE |
| 2. NAME | KARNIEWICZ, ALFRED JR | |
| 3. STREET ADDRESS | 9315 NE 6TH AVE SUITE A1 | |
| 4. CITY, ST, ZIP | MIAMI SHORES FL 33138 | |
| 5. TITLE | | <input type="checkbox"/> DELETE |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY, ST, ZIP | | |
| 9. TITLE | | <input type="checkbox"/> DELETE |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY, ST, ZIP | | |
| 13. TITLE | | <input type="checkbox"/> DELETE |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|---|
| 1. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | | |
| 3. STREET ADDRESS | | |
| 4. CITY, ST, ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | | |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY, ST, ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE | | |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY, ST, ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE | | |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY, ST, ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of Form 12, or as an attachment, with an address.

SIGNATURE: *Alfred J. Karniewicz, Jr.* **Alfred J. Karniewicz, Jr.** DATE: **2/5/96** FILING FEE: **305/754-7933**

CR2E034 (12/95)