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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000075980 (9)**

1. Corporation Name

HOUSE CALL EXPRESS, INC.

Principal Place of Business	Mailing Address
3075 WEST OAKLAND PARK BLVD. #100 FORT LAUDERDALE FL 33311	3075 WEST OAKLAND PARK BLVD. #100 FORT LAUDERDALE FL 33311

3. Date Incorporated or Qualified: 10/03/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 2699 Stirling Road	26 2699 Stirling Road
Suite, Apt. #, etc. 22 Suite A302	Suite, Apt. #, etc. 27 Suite A302
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale
Zip / Country 24 33312 / 25 USA	Zip / Country 29 33312 / 30 USA

4. FEI Number: 65-0628075 ☐ 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

9. Name and Address of Current Registered Agent

LOUGHRAN, DONALD
7522 WILES ROAD #102
CORAL SPRINGS FL 33067

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent Signature required when not qualifying.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~JACOBS, GARY~~ ~~3075 WEST OAK PAR BLVD. #100~~ ~~FORT LAUDERDALE FL 33311~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP Jacobs, Gary 8360 W. Oakland Pk. Blvd., #101 Sunrise, FL 33351	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~JACOBS, STACEY~~ ~~3075 WEST OAK PAR BLVD. #100~~ ~~FORT LAUDERDALE FL 33311~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P Benezra, Dr. Clifford 2500 E. Hallandale Bch. Blvd., Suite M Hallandale, FL 33009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S/T Signore, Deborah 2699 Stirling Rd., Suite A302 Ft. Lauderdale, FL 33312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(i), 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: X _____ ~~Gary~~ Jacobs 07-29-96 (954) 486-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #