

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90167 050 \*\*\*158.75

DOCUMENT # P95000080605

1. Corporation Name

SUPREME HOME CARE SERVICES, INC.

Principal Place of Business

6621 FOREST HILL BOULEVARD  
WEST PALM BEACH FL 33413

Mailing Address

6621 FOREST HILL BOULEVARD  
WEST PALM BEACH FL 33413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1995

4. FEI Number

65-0620964

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 750 S. MILITARY TRAIL

Suite, Apt. #, etc.

22 SUITE E, WEST

City & State

23 PALM BEACH FL 33415

Zip

Country

2a. Mailing Address

26 750 S. MILITARY TR.

Suite, Apt. #, etc.

27 SUITE E WEST Palm Bch

City & State

28 FL 33415 Palm Beach

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JONES, JEANETTE S  
6621 FOREST HILL BOULEVARD  
WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent

81 Name

JEANETTE S. JONES

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

750 S. MILITARY TRAIL SUITE E

83

WEST PALM BEACH

84 City

FL

85 Zip Code  
33415

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]*

JEANETTE JONES

(NOTE: Registered Agent signature required when reinstating)

2/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JONES, JEANETTE S  
STREET ADDRESS 6621 FOREST HILL BOULEVARD  
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D ☐ Change ☐ Addition

1.2 NAME JEANETTE S JONES  
1.3 STREET ADDRESS 750 S MILITARY TRAIL SUITE E  
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*[Signature]*

2/9/99

561-683-9992

Date

Daytime Phone #

CR2E034 (1/198)