


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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000022847 (3)

1. Corporation Name
ELDERCARE MANAGEMENT, INC.



Principal Place of Business 3900 NORTH HILLS DRIVE SUITE 209 HOLLYWOOD FL 33021	Mailing Address 5895 S.W. 32nd Terrace Fort Lauderdale FL 33312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5895 S.W. 32nd Terrace Suite, Apt. #, etc. 22 City & State 23 Fort Lauderdale FL 24 Zip 33312	2a. Mailing Address 26 SAME 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 03/13/1996 4. FEI Number 65-0653462 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent RUBIN, URI 3900 NORTH HILLS DRIVE SUITE 209 HOLLYWOOD FL 33021	10. Name and Address of New Registered Agent 81 Name RUBIN, URI 82 Street Address (P.O. Box Number is Not Acceptable) 5895 S.W. 32nd Terrace 83 84 City Fort Lauderdale FL 85 Zip Code 33312
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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  URI RUBIN - President 4/7/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, URI	1.2 NAME	
STREET ADDRESS	3900 NORTH HILLS DRIVE, #209	1.3 STREET ADDRESS	5895 S.W. 32nd Terrace
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	Fort Lauderdale FL 33312
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, AVIVA S.	2.2 NAME	
STREET ADDRESS	3900 N. HILLS DR., #209	2.3 STREET ADDRESS	5895 S.W. 32nd Terrace
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Fort Lauderdale FL 33312
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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.

SIGNATURE:  URI RUBIN - President 4/7/98 954-961-3200

CR2E034 (10/97)