


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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000028469 (0)**

1. Corporation Name
L & S HOME CARE, INC.

Principal Place of Business 19 W FLAGLER ST. SUITE 416 BISCAYNE BUILDING MIAMI FL 33130	Mailing Address 19 W FLAGLER ST. SUITE 416 BISCAYNE BUILDING MIAMI FL 33130
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1385 N.W. 15th St.	2a. Mailing Address 26 1385 N.W. 15th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip 24 33125	Country 25 USA
Country 29 33125	Country 30 USA

3. Date Incorporated or Qualified 04/02/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0647274	
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	

9. Name and Address of Current Registered Agent

**METSCH, BENJAMIN R
19 W FLAGLER ST, SUITE 416
BISCAYNE BUILDING
MIAMI FL 33130**

81 Name Benjamin R. Metsch
82 Street Address (P.O. Box Number is Not Acceptable) 1385 N.W. 15th Street
83
84 City Miami
85 State FL
86 Zip 33125

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/98

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME METSCH, BENJAMIN R	
STREET ADDRESS 19 W FLAGLER ST, SUITE 416	
CITY-ST-ZIP MIAMI FL 33130	
TITLE VD	<input type="checkbox"/> DELETE
NAME METSCH, LAWRENCE R	
STREET ADDRESS 19 W FLAGLER ST, SUITE 416	
CITY-ST-ZIP MIAMI FL 33130	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME BALBIDARES, SUSANA L	
STREET ADDRESS 19 W FLAGLER ST, SUITE 416	
CITY-ST-ZIP MIAMI FL 33130	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Metsch, Benjamin R.	
1.3 STREET ADDRESS 1385 N.W. 15th Street	
1.4 CITY-ST-ZIP Miami, Florida 33125	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Metsch, Lawrence R.	
2.3 STREET ADDRESS 1385 N.W. 15th Street	
2.4 CITY-ST-ZIP Miami, Florida 33125	
3.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Daniel Metsch	
3.3 STREET ADDRESS 1385 N.W. 15th Street	
3.4 CITY-ST-ZIP Miami, Florida 33125	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE

3/31/98

(25) 358-7307

CR2E034 (10/97)