PROFIT CORPORATION ANNUAL REPORT 1997	ING FEE AFTER	R MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED May 02 1997 8:00am Secretary of State			
DOCUMENT # PC 1. Corporation Name ORLANDO HOME CARE,	9600081 INC.	523 (8)					
Principal Place of Business		ng Address		T TO BEAUTY IN A TOTAL BOOKS DEVICE THE	INA DINI WALA	THE DECK PROT	I ANI N u ki
125 W COLONIAL DR. SUITE 204A DRLANDO FL 32804		/ COLONIAL DR. SUITE NDO FL 32804-8863	: 2044	3. Date Incorporated or Qualifie	d 3a. Date	e of Last Re	aport
2. Principal Place of Business	2a. M	ailing Address		10/02/1996 4. FE Number	_//		plied For
1 Suite, Apt # etc.	26	uite, Apt. #, etc.		Applied For		88.75 A	t Applicable
2	27			5. Certificate of Status Desired	· []	Fee Re	
City & State	C 28	ity & State		6. Election Campaign Financing Trust Fund Contribution	' D	\$5.00 Added to	
Zip Count	iry Zi	·	Country	8. This corporation has liability I		ax under s. No	199.032,
4 25 9. Name and Addr	29 ress of Current Register		81 Name	Florida Statutes 10. Name and Address of New			
						85 Zip C	
SIGNATURE				orporation submits this statement for th ration's board of directors. I hereby ac			
SIGNATURE Signature, typed or printed nam	ctions 607.0502 and 607. th, in the State of Florida cept the obligations of, S ne of registered agent and tile if a OFFICERS AND DIRECTO	pplicadie. (NOTE DRS	s, the above-named c thorized by the corpo ida Statutes. Registered Agent eignature re 13,	xuired when reinstating) ADDITIONS/CHANGES TO OF	DATE	changing its intment as i	s registerød registered S IN 12
SIGNATURE Signature, systed or printed name	tie of registered agent and tills if a	pplicable. (NOTE	s, the above-named c thorized by the corpo ida Statutes. Registered Agehl epositive re 13.	ADDITIONS/CHANGES TO OF	DATE	DIRECTOR	s registered registered
SIGNATURE: Signature, typed or printed nam 12. () TILE NAME SIREET ADDRESS	tie of registered agent and tills if a	pplicadie. (NOTE DRS	s, the above-named c thorized by the corpor- ida Statutes. Registered Ageht epolature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF PC Konits, Barbara 425 W Colonial Dr.,5	DATE FICERS AND	DIRECTOR	s registered registered S IN 12
SIGNATURE: Signature, typed or printed name 12. () TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	tie of registered agent and tills if a	pplicadie. (NOTE DRS	s, the above-named c thorized by the corpor- ida Statutes. Registered Ageht elevature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 1/25 W Colonial Dr., 5 Dilando, FL 32804	DATE FICERS AND	DIRECTOR	s registered registered S IN 12
SIGNATUFIE: Signature, typed or printed nam 12. () TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	tie of registered agent and tills if a	pplicable. (HOTE DRS DELETE	s, the above-named c thorized by the corpor- ida Statutes. Registered Agehl elocature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 425 W Colonial Dr., 5 Dr. Lando, FL 32804 Menichelli, Marilyn 1742 Glenderon Lan	e purpose of c cept the appoint FICERS AND	DIRECTOR Change	s registered registered S IN 12
SIGNATUFIE: Signature, typed or printed nam 12. () TITLE NAME SINEET ADDRESS CITY - ST - ZIP TITLE NAME SINEFT ADDRESS CITY - ST - ZIP TITLE TITLE	tie of registered agent and tills if a	pplicable. (HOTE DRS DELETE	s, the above-named c thorized by the corporation of	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 1/25 W Colonial Dr., 5 Dilando, FL 32804	e purpose of c cept the appoint FICERS AND	DIRECTOR Change	s registered registered S IN 12
SIGNATURE: Signature, typical or pointed nam 12. Control of the second	tie of registered agent and tills if a	Indicado e. (MOTE DRS DELETE	s, the above-named c thorized by the corporate da Statutes. Registered Ageht elevature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 425 W Colonial Dr., 5 Dr. Lando, FL 32804 Menichelli, Marilyn 1742 Glenderon Lan	e purpose of c cept the appoint FICERS AND	Changing its intment as i DIRECTOR Change	s registered registered S IN 12 X Addition
SIGNATURE: Signature, typed or printed nam 12. C TITLE C NAME STREET ADDRESS CITY - ST - ZIP C DTLE C NAME STREET ADDRESS CITY - ST - ZIP C TITLE NAME STREET ADDRESS C STREET ADDRESS C STREET ADDRESS C STREET ADDRESS C CITY - ST - ZIP C	tie of registered agent and tills if a	Indicado e. (MOTE DRS DELETE	s, the above-named c thorized by the corporative da Statutes. Registered Ageht eprature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 -CITY-ST-ZIP	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 425 W Colonial Dr., 5 Dr. Lando, FL 32804 Menichelli, Marilyn 1742 Glenderon Lan	DATE FICERS AND	Changing its intment as i DIRECTOR Change	s registered registered S IN 12 X Addition
SIGNATUFIE: Signature, typed or printed nam 12. Signature, typed or printed nam 12. Signature, typed or printed nam 111.6 Signature, typed or printed nam STREET ADDRESS Signature, typed or printed nam	tie of registered agent and tills if a	DRS DELETE DELETE DELETE DELETE DELETE	s, the above-named c thorized by the corpor- ida Statutes. Registered Agent eprature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 425 W Colonial Dr., 5 Dr. Lando, FL 32804 Menichelli, Marilyn 1742 Glenderon Lan	DATE FICERS AND	DIRECTOR DIRECTOR Change	s registered registered S IN 12 X Addition Addition
SIGNATURE: Signature, lysted or printed part 12. C ITTLE VAME STREET ADDRESS CITY - ST - ZIP DTLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE VAME STREET ADDRESS STREET ADDRESS	tie of registered agent and tills if a	DRS DELETE DELETE DELETE DELETE DELETE	s, the above-named c thorized by the corpor- ida Statutes. Registered Ageht elevature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 -CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 425 W Colonial Dr., 5 Dr. Lando, FL 32804 Menichelli, Marilyn 1742 Glenderon Lan	DATE FICERS AND	DIRECTOR DIRECTOR Change	s registered registered S IN 12 X Addition Addition
SIGNATURE: Signature, lysted or printed part 12. C ITTLE VAME STREET ADDRESS CITY - ST - ZIP ITTLE NAME STREET ADDRESS CITY - ST - ZIP ITTLE VAME STREET ADDRESS CITY - ST - ZIP ITTLE VAME STREET ADDRESS CITY - ST - ZIP	tie of registered agent and tills if a	DRS DELETE DELETE DELETE DELETE DELETE	s, the above-named c thorized by the corpor- ida Statutes. Registered Ageht elevature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 -CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 -CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 425 W Colonial Dr., 5 Dr. Lando, FL 32804 Menichelli, Marilyn 1742 Glenderon Lan	DATE FICERS AND	DIRECTOR DIRECTOR Change	s registered registered S IN 12 X Addition Addition
SIGNATURE: Signature, lysted or printed bar 12. C ITILE VAME SIREET ADDRESS CITY - ST - 20P DILE NAME STREET ADDRESS CITY - ST - 20P ITILE VAME SIREET ADDRESS CITY - ST - 20P ITILE VAME	tie of registered agent and tills if a	DRS (HOTE DRS) DELETE DELETE DELETE DELETE	s, the above-named c thorized by the corpor- ida Statutes. Registered Ageht elevature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 425 W Colonial Dr., 5 Dr. Lando, FL 32804 Menichelli, Marilyn 1742 Glenderon Lan	DATE FICERS AND	DIRECTOR DIRECTOR Change	s registered registered S IN 12 X Addition Addition
SIGNATUFIE: Signature, typed or printed part 12. Signature, typed or printed part 12. C TITLE Signature, typed or printed part NAME SIREET ADDRESS CITY - ST - 20° D DITLE NAME STREET ADDRESS C CITY - ST - 20° D TITLE NAME STREET ADDRESS C CITY - ST - 20° D TITLE NAME STREET ADDRESS C CITY - ST - 20° D TITLE NAME STREET ADDRESS C CITY - ST - 20° D TITLE NAME STREET ADDRESS C CITY - ST - 20° D TITLE NAME STREET ADDRESS C CITY - ST - 20° D	tie of registered agent and tills if a	pplicable. (HOTE DRS DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named c thorized by the corpor- ida Statutes. Registered Agehl elevature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 425 W Colonial Dr., 5 Dr. Lando, FL 32804 Menichelli, Marilyn 1742 Glenderon Lan	DATE FICERS AND		s registered registered S IN 12 Addition Addition
SIGNATURE Signature, typied or printed nam 12. (1111	tie of registered agent and tills if a	DRS (HOTE DRS) DELETE DELETE DELETE DELETE	s, the above-named c thorized by the corpor- ida Statutes. Registered Agehl elocature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.7 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 425 W Colonial Dr., 5 Dr. Lando, FL 32804 Menichelli, Marilyn 1742 Glenderon Lan	DATE FICERS AND	DIRECTOR DIRECTOR Change	s registered registered S IN 12 X Addition Addition
SIGNATUFIE: Signature, hyded or printed bar 12. Signature, hyded or printed bar 12. C TITLE NAME SIREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	tie of registered agent and tills if a	pplicable. (HOTE DRS DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named c thorized by the corpor- ida Statutes. Registered Agehl elevature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS	ADDITIONS/CHANGES TO OF ADDITIONS/CHANGES TO OF Konits, Barbara 425 W Colonial Dr., 5 Dr. Lando, FL 32804 Menichelli, Marilyn 1742 Glenderon Lan	DATE FICERS AND		s registered registered S IN 12 Addition Addition
SIGNATURE Signature, hypedior peopled name 12. C ITTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS CITY-ST-ZIP	me of registered agent and tills if a OFFICERS AND DIRECTO	Indicato e. (HOTE DRS DELETE DELETE DELETE DELETE DELETE DELETE DELETE Filing does not qualify	s, the above-named c inhorized by the corpor- ida Statutes. Registered Ageht elevature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 -CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 -CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP for the exemption state	ADDITIONS/CHANGES TO OF PC Konits, Barbara 125 W Colonial Dr., 5 201 ando, FL 32805 Menichell!, Marilyn 7742 Glenderon Lan Delray Beach, FL 3 ted in Section 119.07(3)(1). Florida Stat	DATE FICERS AND	Certify that	s registered registered S IN 12 X Addition Addition Addition Addition
SIGNATUFIE Signature, typed or protect part 12. C ITLE IAME ITLE IADRESS ITY-ST-ZIP ITLE IAME ITREFT ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITLE	mation supplied with this nual report or supplement	policable. (HOTE DRS DELETE DELETE DELETE DELETE DELETE I DELETE I DELETE I D	s, the above-named c thorized by the corpor- ida Statutes. Registered Agehl elevature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 -CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 -CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.7 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.7 TITLE 5.7 TITLE 5.	ADDITIONS/CHANGES TO OF PC Konits, Barbara Y25 W Colonial Dr., 5 Dilando, FL 32804 Menichelli, Marilyn 7742 Glenderon Lan Delray Beach, FL 3	DATE FICERS AND Soite 20 E 3446	Certify that i	s registered registered S IN 12 S IN 12 Addition Addition Addition Addition