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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000083459 (3) DOCUMENT #

## **FILED** Mar 09 1998 8:00am Secretary of State

OICCL	E 3 HOMECARE, INC.					
Principal Plac	e of Business	Mailing Ad	ddress			T 1881/001 348 58418 BJHS MDIST ARREST BREET (BIES 1411) GIORE DITTS (01) 1001
4801 NORTHWEST 17TH COURT 4801 NORTHWEST 17TH COURT						
LAUDERHILL FL 33313 LAUDERHILL FL 33313						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 10/09/1996
	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				15-0700141 Not Applicable
Sune, Apt.	#, etc	Suite, Apt. #, etc.				Certificate of Status Desired     Sa.75 Additional
22		27				Fee Required
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be
23		[28]				Trust Fund Contribution Added to Fees
Ζιρ	Country	→ ···¬ '		Country	•	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	29   -1 Basistand A		10	·	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
		ur neðistelet v	gent	81	Name	10. Name and Address of New Hegistered Agent
	IERILAWYER CHARTERED			"	Marine	
	3 ALMERIA AVENUE			62	Street Ad	ddress (P.O. Box Number is Not Acceptable)
CO	PRAL GABLES FL 33134			83		
				ုိ		
				84	City	85 Zip Code
						FL   S   Z   COO
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. It hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE			سي			
	Signature, typed or printed harne of trop stored ag		de (NOTE		en erutengia Inc	equired when reinstating)  DATE  DESCRIPTION AND DIPLOTORS
12.	PSTD OFFICERS AN	D DIRECTORS	DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	STEELE, JOYCE S		III DELCTE	1,1 TITLE	1	L) Change L Addition
NAME	4801 NORTHWEST 17TH CO	NIDT		1.2 NAME		
STREET ADDRESS	LAUDERHILL FL 33313	UNI		1.3 STREET	- 1	
CITY-ST-ZIP	LAUDENHILL FL 33313		DELETE	1.4 CITY - S	T-ZIP	Change Addition
TITLE			F") DETEIR	21 TITLE	-	C) change [] Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET		
CITY-SI-ZIP			Drugat	2. 4 CITY - S	ST-ZIP	Change Addition
TITLE			DELETE	3 1 TITLE	1	Change Addition
NAME				3 2 NAME		
STREET ADDRESS				3.3 STREET		
CITY-ST-ZIP			DELETE	3.4. CITY - S	i1-ZIP	Change Addition
THILE			בן טנונוג	4.1 TITLE		/
NAME				4, 2 NAME		
STREET ADDRESS				4.3 STREET		
CITY-ST-ZIP			I noure	44 CITY-S	T-ZIP	Channe
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREFT	1	
CITY-ST-ZIP			Delete	5.4 CITY-S	T-ZIP	T Change T Addition
TITLE			☐ DELETĒ	6.1 TITLE	- 1	Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET		
CITY-ST-ZIP			·- ····	6.4 CITY-S	T-ZIP	

Thereby 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 suppliemental aurusal 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:**