

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

FILED
May 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
---	---	---

DOCUMENT # **P96000100517 (7)**

1. Corporation Name

AAA HOME HEALTH SERVICES, INC.



Principal Place of Business

Mailing Address

**4555 18 PLACE SOUTHWEST
NAPLES FL 34116**

**4555 18 PLACE SOUTHWEST
NAPLES FL 34116**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2272 AIRPORT Rd		26 2272 AIRPORT Rd		12/12/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 308		27 308		65-0712705	
City & State		City & State		Applied For	
23 Naples Fla.		28 Naples, Fla.		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 34112		25 USA		<input type="checkbox"/> \$8.75 Additional Fees Required	
29 34112		30 USA		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER-CHARTERED
340 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name	MAX J. MARTINEZ
82 Street Address (P.O. Box Number is Not Acceptable)	2272 AIRPORT Rd #308
83	
84 City	Naples
FL	
85 Zip Code	34112

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 **Max J. Martinez** President **AAA Home Health Services Inc** 4/30/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MAXIMILIANO J	1.2 NAME	
STREET ADDRESS	4555 18 PLACE SOUTHWEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MAYRA	2.2 NAME	
STREET ADDRESS	4555 18 PLACE SOUTHWEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAJERA, JACQUELINE M	3.2 NAME	
STREET ADDRESS	4555 18 PLACE SOUTHWEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRER, YESENIA C	4.2 NAME	
STREET ADDRESS	4555 18 PLACE SOUTHWEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34116	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: **Max J. Martinez** 4/30/98 **841 417 8089**

CR2E034 (10/97)