SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MAKETHERALES LICENTHAN W.

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham SECRETARY OF STATE ANNUAL REPORT DIVISION OF CORPORATIONS Secretary of State 1997 DIVISION OF CORPORATIONS 97 JUL 23 AM 10: 36 DOCUMENT # P96000104318 (6) NURSES AND NANNIES, INC. Principal Place of Business Mailing Address 3220 17TH ST. 3220 17TH ST. SARASOTA FL 34242 SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For 45-0744611 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 25 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name SNELLING, JEFFREY P 2201 RINGLING BLVD., STE. 201 Stroot Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34237 900002247589--2 -07/25/97--01030--022 83 84 City ****165.**QPL** ****165.°00 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 THILE President NAME SNELLING, JEFFREY P 1.2 NAME CYNTHIA M. ROWAN 2201 RINGLING BLVD., STE. 201 STREET ADDRESS 1.3 STREET ADDRESS 1315 GEORGETOWNE CIRCLE SARASOTA, FL. 34234 SARASOTA FL 34237 CITY-ST-ZIP 14 CHY-S1-2IF DELETE Change Addition TULE 21 HUI VICE PRESIDENT/SECRETARY NAME AGNES, PHILIP 2.2 NAME JETTREY P. SNEITING 2201 RINGLING BLVD., STE. 201 STREET ADDRESS 2.3 STREET ADDRESS DOO! RINGING BIVD SARASOTA FL 34237 FL 34937 CITY-ST-ZIP 2 4 CITY- ST- ZIP Sarasota... DELETE TITLE 3.1 TITLE Change Addition TREASURER. NAME 3.2 NAME Phil AGNES STREET ADDRESS 3.3 STREET ADDRESS AUST SUITMING POCC SARASCHO, FL. 34237 CITY-ST-ZIF 3.4. CHY-\$1-7P DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 THEE NAME 5.2 NAME STREET 5.3 STREET ADDRESS CITY -54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP 6.4 CITY - \$1 - ZIP 14. Ido horeby 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 eath; 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

PRESIDENT

TOWALL

7-18-97 (941) 365.6909