


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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000015131 (0)**

1. Corporation Name

TWILITE CARE II, INC.



Principal Place of Business

Mailing Address

**5191 SOUTHWEST 21 STREET
PLANTATION FL 33317**

**5191 SOUTHWEST 21 STREET
PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Tutor Time Learning Ctr		26 5191 SOUTHWEST 21 STREET		02/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 3816 N. University Dr		27 5191 SOUTHWEST 21 STREET		65-0727891	
City & State		City & State		Applied For	
23 Sunrise, FL 33317		28 5191 SOUTHWEST 21 STREET		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33317		29 5191 SOUTHWEST 21 STREET		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 Broward		30 5191 SOUTHWEST 21 STREET		Trust Fund Contribution	
26 33317		31 5191 SOUTHWEST 21 STREET		<input type="checkbox"/> \$5.00 May Be Added to Fees	
27 33317		32 5191 SOUTHWEST 21 STREET		8. This corporation owes or has paid the current year Intangible	
28 33317		33 5191 SOUTHWEST 21 STREET		Personal Property Tax due June 30.	
29 33317		34 5191 SOUTHWEST 21 STREET		<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

**EMO CORPORATE SERVICES, INC.
5191 SOUTHWEST 21 STREET
PLANTATION FL 33317**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	LACOMBE, NORMAN	1.2 NAME	LaCombe, Norman
STREET ADDRESS	5191 SOUTHWEST 21 STREET	1.3 STREET ADDRESS	3816 North University Drive
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	Sunrise, FL 33317
TITLE	D	2.1 TITLE	
NAME	LACOMBE, ROBYN	2.2 NAME	
STREET ADDRESS	5191 SOUTHWEST 21 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Norman LaCombe President 1/22/98 742-7783

CR2E034 (10/97)