



FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90013 005 ***150.00

CORPORATION ANNUAL REPORT 1999  		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000038264</u> ✓ 1. Corporation Name <u>ASPIRING DOMESTIC HOME CARE Services Inc</u>			
Principal Place of Business <u>621 N.W. 53rd ST</u> <u>Suite 240</u> <u>BOCA RATON FL 33487</u>		Mailing Address (Same as Principal Place of Business)	
2. Principal Place of Business 21. <u>621 NW 53 St</u> Suite, Apt. #, etc. 22. <u>240</u> City & State 23. <u>Boca Raton</u> Zip 24. <u>33487</u>		2a. Mailing Address 25. <u>621 NW 53 St</u> Suite, Apt. #, etc. 26. <u>240</u> City & State 27. <u>Boca Raton</u> Zip 28. <u>33487</u>	
3. Date Incorporated or Qualified <u>April 27-1998</u>		4. FEI Number <u>65-0827479</u>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <u>7</u>		Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current-year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <u>Gillespie & Allison P.A.</u> <u>1515 South Federal Highway</u> <u>Suite 300, Boca Raton 33432</u>		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 <u>Norma Blake</u> N/A Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when re-registering)	
12. OFFICERS AND DIRECTORS TITLE <u>Director</u> <input type="checkbox"/> DELETE NAME <u>Norma Blake</u> STREET ADDRESS <u>7640 Westwood Dr</u> CITY-ST-ZIP <u>Tamasee 33321</u> TITLE <u>President</u> <input type="checkbox"/> DELETE NAME <u>Gloria Fitzgerald</u> STREET ADDRESS <u>7640 Westwood Dr</u> CITY-ST-ZIP <u>Tamasee 33321</u> TITLE <u></u> <input type="checkbox"/> DELETE NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u> TITLE <u></u> <input type="checkbox"/> DELETE NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u> TITLE <u></u> <input type="checkbox"/> DELETE NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.			
SIGNATURE: <u>Norma Blake</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7-14-99 (561-995-1454) Date Daytime Phone #	

CR2E034 (1/98)