

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 27, 1999 8:00 am Secretary of State

08-27-1999 90005 003 ***550.00

DO	u	M	JT	#

1. Corporation Name

1999

INTURNATIONAL

HOME HUALTH, INC

098000054666



	1 11000000 10	* 6 619780 - 90017 - 14						
Principal Place	of Business Mailing Address	619780 - 90017 - 14						
1501	COMPORATE DR- SUITE - ZYO							
2	THE BOACH, TE 33 43 6	DO NOT WRITE IN THIS SPACE						
DOAN	TWO DON'S I P		3. Date Incorporated or Qualified					
}			6-17-98.					
2. Principal Pla	ace of Business 2a. Mailing Address	4. FEI Number - Applied For						
21 150	ComponATO DE 26 1501 Comp	bapte DL	65-08-454-00 Not Applicat	le =				
Suite, Apt. #			5. Certificate of Status Desired \$8.75 Additional	Ne				
22 24	_ •'	5. Certificate of Status Desired E Fee Required	_ =					
City & State	TON BEAU TO BE BOUNTON B	6. Election Campaign Financing \$5.00 May Be						
Z3 BOY-N			Trust Fund Contribution					
Zip	Lo 25 PALM BEALM 29 334 24 3	Country Bopen	8. This corporation owes the current year Intangible Personal Property Tax.					
24 3342		<u> </u>	Personal Property Tax. Yes INO 10. Name and Address of New Registered Agent	_				
	9. Name and Address of Current Registered Agent	81 Name		=				
		15	HUETH LEE	=				
			ess (P.O. Box Number is Not Acceptable)	-				
		0.2	CORPORATE DR	:				
}		(1)	SU175 2 40	_ _				
		84 City BOY	oted Beren FL 85 Zip Code 53424] =				
11. Pursuant to	the provisions of Sections 607.0502 and 607.1508, Florida Statutes,	the above named come	pration submits this statement for the purpose of changing its registered	- T				
office or rec	gistered agent, or both, in the State of Florida. Such change was auth	iorized by the corporatio	n's board of directors. I hereby accept the appointment as registered	=				
•	(Q An SS							
SIGNATURE 8		gistered Agent signature required	when reinstating) DATE	_ ଛ≣				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_ \$ ≣				
TITLE	KENNUTH LOVE, COO DELETE 1501 COMPONENTS WAY 1501 COMPONENTS WAY	1.1 TTTLE	☐ Change ☐ Addit	CR2E034 (11/98)				
NAME	COMPORATO WAY	1.2 NAME		중 [
STREET ADDRESS	BOTHION BOREN, IL 3)424	1.3 STREET ADDRESS		ऱॅ ≡				
CITY-ST-ZIP		1.4 CITY-ST-ZIP	☐ Change ☐ Addit	긁쓩曹				
TITLE	☐ DELETE	2.1 TITLE	Crange Dividuo	~"				
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS		_				
CITY-ST-ZIP	□ Decert	2.4 CITY-ST-ZIP	☐ Change ☐ Addit	ion =				
TITLE	DELETE	3.1 TITLE	- Chargo I noun	~~' ≡				
NAME		3.2 NAME	•	-				
_STREET ADDRESS _		3.3 STREET ADDRESS		-				
CTY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addit	ion –				
TITLE	- OCEE IE	4.1 III.E. 4.2 NAME						
NAME		4.2 INVIDE 4.3 STREET ADDRESS	••	=				
STREET ADDRESS		4.4 CITY-ST-ZIP		{ =				
CITY-ST-ZIP TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Additi	on				
NAME		52 NAME		=				
STREET ADDRESS		5.3 STREET ADDRESS						
١ (5.4 CITY-ST-ZIP		=				
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	on _				
NAME	C Pill I	6.2 NAME	_	=				
		6.3 STREET ADDRESS						
STREET ADDRESS		6.4 CITY-ST-ZIP		9				
CITY-ST-ZIP		O OHIT TOP-LIFE						

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 eddress, with all other like empowered.

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	15 EMMELLE
KONATURE AND EXPEDIO DE PRINTED NA	ME OF BIGNING OFFICER OR DIRECTOR