

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

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90010 025 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000072710

1. Corporation Name

**ANNA MARRIE'S IN-HOME CARE, INC.**

Principal Place of Business

**5275 N.W. 75TH AVENUE  
LAUDERHILL, FL 33319**

Mailing Address

**5275 N.W. 75TH AVENUE  
LAUDERHILL, FL 33319**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/20/98**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

**65-0867218**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**DRUMMOND, MILLICENT  
5275 N.W. 75TH AVENUE  
LAUDERHILL, FL 33319**

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME **DRUMMOND, MILLICENT**  
STREET ADDRESS **5275 N.W. 75th AVENUE**  
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE D ☐ DELETE

NAME **SIMPSON, IVY**  
STREET ADDRESS **5275 N.W. 75TH AVENUE**  
CITY-ST-ZIP **LAUDERHILL, FL 33319**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT/TREASURER** ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VICE PRESIDENT/SECRETARY** ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

**ANNA MARIE'S IN-HOME CARE, INC.**

5275 N.W. 75th Avenue  
Lauderhill, Florida 33319  
954/749-4968

P98000072710  
590519-90010-25

July 9, 1999

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

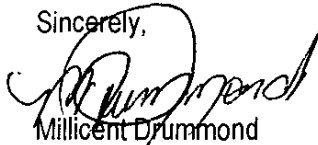
RE: ANNA MARRIE'S IN-HOME CARE, INC. - P98000072710  
LETTER OF EXPLANATION

In accordance with the instructions from your office, we have typed the 1999 Profit Corporation Annual Report for the above named corporation. Please find same enclosed along with a check for \$150.00.

The original form was never received and, therefore, we were unaware that that deadline had passed. The error was discovered when our accountant reviewed our books and records for the first half of 1999 and did not find a check to the Division of Corporations.

Thank you for your consideration of this matter and for accepting our check for \$150.00 as payment and full.

Sincerely,

  
Millicent Drummond  
Director