

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moxley
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

95 MAY 10 AM 10:35

DOCUMENT # **S06828** (5)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACE HOME HEALTH CARE, INC.

Principal Office of Corporation: 9786 CORAL WAY MIAMI FL 33165
Mailing Address: 9786 CORAL WAY MIAMI FL 33165

EXCEPT WHERE SHOWN OTHERWISE

3. Date of Incorporation or Qualification 10/18/1990	3a. Date of Last Report 10/19/1994
4. FID Number 65-0222662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. Does corporation have sales, franchise, or other income tax under S-Corporation Florida Statutes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

21. Principal Office of Corporation	26. FID Number
22. Mailing Address	27. State of Incorporation
23. City & State	28. City & State
24. State of Incorporation	29. City & State
25. State of Incorporation	30. City & State

9. Name and Address of Current Registered Agent CALLAVA, CARLOS 1147 SW 104 COURT MIAMI FL 33174	10. Name and Address of New Registered Agent 81. Name 82. Street Address, P.O. Box Number or Post Office 83. 84. City 85. State
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11. Pursuant to the provisions of Sections 220.01, 220.02, and 220.03, Florida Statutes, the above-named corporation submits this statement for the purposes of filing properly registered officers or registered agents or both in the State of Florida, such change was authorized by the corporation's board of directors, if hereby, through the appointment of a registered agent, I am familiar with and accept the statement of Sections 220.01, 220.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
12a. NAME: D CALLAVA, CARLOS 12b. STREET ADDRESS: 1147 SW 104 COURT 12c. CITY: MIAMI FL	13a. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12a. NAME: D CALLAVA, MERIDA L. 12b. STREET ADDRESS: 1147 SW 104 COURT 12c. CITY: MIAMI FL	13a. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12a. NAME: _____ 12b. STREET ADDRESS: _____ 12c. CITY: _____	13a. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12a. NAME: _____ 12b. STREET ADDRESS: _____ 12c. CITY: _____	13a. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12a. NAME: _____ 12b. STREET ADDRESS: _____ 12c. CITY: _____	13a. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12a. NAME: _____ 12b. STREET ADDRESS: _____ 12c. CITY: _____	13a. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12a. NAME: _____ 12b. STREET ADDRESS: _____ 12c. CITY: _____	13a. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12a. NAME: _____ 12b. STREET ADDRESS: _____ 12c. CITY: _____	13a. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 220.01(1)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplementary 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 registered agent or trustee empowered to make this report as required by Chapter 220, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes in the attached filing as an address.

SIGNATURE: **PRESIDENT**
5-4-95 (305) 552-9919

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SECRETARY OF STATE
STATE HOUSE
TALLAHASSEE, FLORIDA 32310

RECEIVED
MAY 12 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S07069**

(5)

DENNARD SERVICES, INC.

Principal Office Location

Mail Stop

4417 BEACH BLVD
SUITE 404
JACKSONVILLE FL 32207

4417 BEACH BLVD
SUITE 404
JACKSONVILLE FL 32207

(PRINT OR WRITE IN THIS SPACE)

3. Date of Corporation (Number)	3a. Date of Last Report
10/12/1990	05/12/1994
4. FIC Number	Applied For
59-3049177	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S 1991037 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Office Location	2a. Mail Stop
21	26 P O BOX 41285
22	27
23	28 JACKSONVILLE, FL
24	29 32203 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBISON, MARY A.
2600 INDEPENDENT SQ
JACKSONVILLE FL 32202

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Applicable)	FL
83.	
84. City	

11. The undersigned representative of the corporation hereby certifies that the information furnished herein is true and correct and that the undersigned is duly qualified to act as registered agent of the corporation in the State of Florida. I hereby accept this appointment as registered agent. I am familiar with and accept the provisions of Sections 199.01, 199.02, 199.03, 199.04, 199.05, 199.06, 199.07, 199.08, 199.09, 199.10, 199.11, 199.12, 199.13, 199.14, 199.15, 199.16, 199.17, 199.18, 199.19, 199.20, 199.21, 199.22, 199.23, 199.24, 199.25, 199.26, 199.27, 199.28, 199.29, 199.30, 199.31, 199.32, 199.33, 199.34, 199.35, 199.36, 199.37, 199.38, 199.39, 199.40, 199.41, 199.42, 199.43, 199.44, 199.45, 199.46, 199.47, 199.48, 199.49, 199.50, 199.51, 199.52, 199.53, 199.54, 199.55, 199.56, 199.57, 199.58, 199.59, 199.60, 199.61, 199.62, 199.63, 199.64, 199.65, 199.66, 199.67, 199.68, 199.69, 199.70, 199.71, 199.72, 199.73, 199.74, 199.75, 199.76, 199.77, 199.78, 199.79, 199.80, 199.81, 199.82, 199.83, 199.84, 199.85, 199.86, 199.87, 199.88, 199.89, 199.90, 199.91, 199.92, 199.93, 199.94, 199.95, 199.96, 199.97, 199.98, 199.99, 200.00.

SIGNATURE

12. Additional Changes to be Made	13. ADDITIONAL CHANGES TO BE MADE BY ADDRESSEE FOR COPY
NAME: DENNARD, MARVIN W. ADDRESS: 4094 JULINGTON CREEK RD CITY: JACKSONVILLE FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Address P O BOX 41285 JACKSONVILLE, FL 32203
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Address
CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Address
STATE:	<input type="checkbox"/> Change <input type="checkbox"/> Address
ZIP CODE:	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Address
ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Address
CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Address
STATE:	<input type="checkbox"/> Change <input type="checkbox"/> Address
ZIP CODE:	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I hereby certify that the information supplied with this filing is true and correct, and that the undersigned is duly qualified to act as registered agent of the corporation in the State of Florida. I hereby accept this appointment as registered agent. I am familiar with and accept the provisions of Sections 199.01, 199.02, 199.03, 199.04, 199.05, 199.06, 199.07, 199.08, 199.09, 199.10, 199.11, 199.12, 199.13, 199.14, 199.15, 199.16, 199.17, 199.18, 199.19, 199.20, 199.21, 199.22, 199.23, 199.24, 199.25, 199.26, 199.27, 199.28, 199.29, 199.30, 199.31, 199.32, 199.33, 199.34, 199.35, 199.36, 199.37, 199.38, 199.39, 199.40, 199.41, 199.42, 199.43, 199.44, 199.45, 199.46, 199.47, 199.48, 199.49, 199.50, 199.51, 199.52, 199.53, 199.54, 199.55, 199.56, 199.57, 199.58, 199.59, 199.60, 199.61, 199.62, 199.63, 199.64, 199.65, 199.66, 199.67, 199.68, 199.69, 199.70, 199.71, 199.72, 199.73, 199.74, 199.75, 199.76, 199.77, 199.78, 199.79, 199.80, 199.81, 199.82, 199.83, 199.84, 199.85, 199.86, 199.87, 199.88, 199.89, 199.90, 199.91, 199.92, 199.93, 199.94, 199.95, 199.96, 199.97, 199.98, 199.99, 200.00.

SIGNATURE: *Marvin W. Dennard* 5/8/95 904-346-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR