

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

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Mar 10 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 # S65671 (7)

1. Corporation Name
ADVANTAGE HOME ASSISTED CARE, INC.



Principal Place of Business
7501 142ND AVE N
UNIT 560
LARGO FL 33771
US

Mailing Address
7501 142ND AVE N
UNIT 560
LARGO FL 33771
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13465 WALSINGHAM RD. Suite, Apt. #, etc 22		2a. Mailing Address 26 13465 WALSINGHAM RD. Suite, Apt. #, etc 27		3. Date Incorporated or Qualified 07/12/1991	
23 City & State LARGO, FL. 24 Zip 33774 25 Country US		28 City & State LARGO, FL. 29 Zip 33774 30 Country US		4. FEI Number 59-3110143 Applied For 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent

BENEDETTI, LINDA
7501 142ND AVE N., UNIT 560
LARGO FL 34641

10. Name and Address of New Registered Agent

81 Name Benedetti, LINDA
82 Street Address (P.O. Box Number is Not Acceptable)
1712 EL TAIL TRAIL
83
84 City CLEARWATER FL 85 Zip Code 34625

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 *Sandra R. Benedetti, Pres.*

DATE 1/13/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V
NAME	BENEDETTI, LINDA R.	1.2 NAME	FINNIN, JERRY A
STREET ADDRESS	7501 142ND AVE N. #560	1.3 STREET ADDRESS	7501 142ND AVE N. #375
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	LARGO, FL 33771
TITLE		2.1 TITLE	P
NAME		2.2 NAME	BENEDETTI, LINDA R.
STREET ADDRESS		2.3 STREET ADDRESS	1712 EL TAIL TRAIL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CLEARWATER, FL 34625
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: *Sandra R. Benedetti*

DATE 1/13/98

813-593-0878

CR2E034 (10/97)