

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

**APPROVED
AND
FILED**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

85 MAY -1 PH 1: 14

CORPORATION
ANNUAL REPORT
1995

DOCUMENT #

1. Corporation Name

434 649

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Encore Services Systems, Inc.

Principal Place of Business

Mailing Address

1080 N.W. First Ave.
Boca Raton, FL 33432

2600 CHEMED CENTER
255 E 5TH ST
CINCINNATI OH 45202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-10-73
3a. Date of Last Report: 4-26-94

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number: 59-1486390

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23

28

6. This corporation has liability for distributions tax under § 199.032, Florida Statutes: Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|--------------|
| TITLE | |
| NAME | |
| STREET ADDRESS | SEE ATTACHED |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | 600001478196 |
| 2.1 TITLE | -05/08/95--01016--019 Addition |
| 2.2 NAME | ***208.75 ***208.75 |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

B. A. Brumm

B. A. Brumm - Treasurer

Date: 5/8/95

513-762-6700

APPROVED
AND
FILED

95 MAY -1 PM 1: 14

ENCORE SERVICES SYSTEMS, INC.
OFFICERS & DIRECTORS SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICERS:

| | <u>BUSSINESS ADDRESS</u> | <u>HOME ADDRESS</u> |
|--|---|---|
| William R. Griffin Chairman & Director SS# 256-68-1528 | 2500 Chemed Center 255 E. 5th Street Cincinnati, OH 45202 | 5250 Drake Road Cincinnati, OH 45243 |
| Patrick L. Johnson President & Secretary SS# 266-08-4176 | 3081 McNab Road Pampano Beach, FL 33432 | 7707 Andes Lane Parklane, FL 33067 |
| Toni Seevers Vice President SS# 264-02-7841 | 1080 N.W. First Avenue Boca Raton, FL 33432 | 3350 N.E. 4th Ave. Boca Ration, FL 33431 |
| Steven G. Weiner Vice President SS# 016-36-1729 | 1080 N.W. First Avenue Boca Raton, FL 33432 | 4120 Coconut Blvd. Royal Palm Beach, FL 33411 |
| Brian A. Brumm Treasurer SS# 481-68-2420 | 2500 Chemed Center 255 E. 5th Street Cincinnati, OH 45202 | 7729 Ashely View Dr. Cincinnati, OH 45244 |
| Naomi C. Dallob Assistant Secretary SS# 280-56-1580 | 2600 Chemed Center 255 E. 5th Street Cincinnati, OH 45202 | 2311 Fairview Lane Cincinnati, OH 45219 |

DIRECTORS:

| | <u>BUSSINESS ADDRESS</u> | <u>HOME ADDRESS</u> |
|---|---|--|
| Edward L. Hutton Director SS# 314-03-8958 | 2600 Chemed Center 255 E. 5th Street Cincinnati, OH 45202 | 6680 Miralake Drive Cincinnati, OH 45243 |
| William R. Griffin Director SS# 256-68-1528 | 2500 Chemed Center 255 E. 5th Street Cincinnati, OH 45202 | 5250 Drake Road Cincinnati, OH 45243 |
| Patrick L. Johnson Director SS# 266-08-4176 | 3081 McNab Road Pampano Beach, FL 33432 | 7707 Andes Lane Parklane, FL 33067 |
| Brian A. Brumm Director SS# 481-68-2420 | 2500 Chemed Center 255 E. 5th Street Cincinnati, OH 45202 | 7729 Ashely View Dr. Cincinnati, OH 45244 |

As of 1/3/95