

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005420 (5)**

1. Corporation Name

IN-HOME CARE SERVICES, LTD. CO.



Principal Place of Business: **4419 OCKFORD LANE BOWIE MD 20715**
Mailing Address: **4419 OCKFORD LANE BOWIE MD 20715**

3. Date Incorporated or Qualified: **11/30/1993**
3a. Date of Last Report: **08/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **52-1750062**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**
City & State: **23**

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

City & State: **27**
City & State: **28**

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

Zip: **24** Country: **25**
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOSTER, GLORIA M
304 HOLMES BLVD
FORT WALTON BEACH FL 32548**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAHER, DOROTHY A	
STREET ADDRESS	4419 OCKFORD LANE	
CITY-ST-ZIP	BOWIE MD 20715	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAHER, RICKY L	
STREET ADDRESS	1020 MAGOTHY LANE	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHAHER, HENRY D	
STREET ADDRESS	4419 OCKFORD LANE	
CITY-ST-ZIP	BOWIE MD 20715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	

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***200.00

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 119.07(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 on an attachment with an address.

SIGNATURE: *Dorothy Shafer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96
311-424-3239
Daytime Phone #

CR2E034 (12/95)