

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90065 046 \*\*\*150.00

0547324

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F93000005420**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address  
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified  
**11/30/1993**

4. FEI Number  
**52-1750062**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAFER, DOROTHY A	
STREET ADDRESS	4419 OCKFORD LANE	
CITY-ST-ZIP	BOWIE MD 20715	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAFER, RICKY L	
STREET ADDRESS	1020 MAGOTHY LANE	
CITY-ST-ZIP	ANNAPOLIS MD 21401	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHAFER, 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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		

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: Dorothy Shafer DOROTHY SHAFER 2/19/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)