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SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 FEB 22 AM 11:11

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710934 (1)
 1. Corporation Name
COCONUT GROVE CARES, INC.

Principal Place of Business 3750 S. DIXIE HWY. PO BOX 33139 MIAMI FL 33133	Mailing Address 3750 S. DIXIE HWY. PO BOX 33139 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/31/1966	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1263934	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent
FLYNN, VINCENT
1414 CORAL WAY
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name	Collie Coats
82. Street Address (P.O. Box Number is Not Acceptable)	10734 S.W. 144 St.
83. City	Miami, FL
84. Zip Code	33178

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 *Collie Coats* **Collie Coats** 2/15/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIBBS, TUCKER
STREET ADDRESS	2531 SWANSON AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	VPD
NAME	GIBSON, THELMA V.A.
STREET ADDRESS	3661 FRANKLIN AVENUE
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	THIEL, ALAN
STREET ADDRESS	3590 ROCKERMAN ROAD
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	CURRY, CAROLYN S.
STREET ADDRESS	3070 HIBISCUS STREET
CITY - ST - ZIP	COCONUT GROVE FL
TITLE	ED
NAME	COATS, COLLIE
STREET ADDRESS	10734 S.W. 144 ST
CITY - ST - ZIP	MIAMI FL
TITLE	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Collie Coats* **Collie Coats** 2/15/95 **(505) 444-8454**
Signature and typed or printed name of signing officer or director. Date. Daytona Phone #