

**FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00**

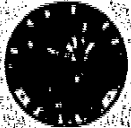
**APPROVED  
AND  
FILED**

**95 APR 19 AM 8:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 733386 (7)**

1. Corporation Name  
**SOMEBODY CARES, INC.**

Principal Place of Business: **1532 NORTH EAST 62ND STREET FORT LAUDERDALE FL 33334**

Mailing Address: **1532 NORTH EAST 62ND STREET FORT LAUDERDALE FL 33334**

2. Date Incorporated or Qualified: **07/24/1975**

3. Date of Last Report: **09/27/1994**

4. FEI Number: **52-1150650**

5. Certificate of Status Desired:  \$6.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

28 City & State

23 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

**HANSEN, JEAN  
1532 NORTH EAST 62ND STREET  
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>
NAME	<b>ANDERSON, BOYD</b>
STREET ADDRESS	<b>1415 E. SUNRISE BLVD</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>PD</b>
NAME	<b>HANSEN, JEAN</b>
STREET ADDRESS	<b>1532 NORTH EAST 62ND. ST</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>TD</b>
NAME	<b>RASK, DANIEL</b>
STREET ADDRESS	<b>2727 NE 31ST COURT</b>
CITY - ST - ZIP	<b>LIGHTHOUSE PT FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: JEAN HANSEN **JEAN HANSEN** 4/16/95 **305-772-7238**

Signature and Typed or Printed Name of Signing Officer or Director

Date Daytime Phone #