CORF ANNU	NPROFIT PORATION AL REPORT	Sandra E Secretai	RIMENT OF STATE B. Mortham BY of State CORPORATIONS		
DOCUN 1. Corporation		77 (6)			
	CARE, INC.			 	(B) 81811 81811 81811 81811 81811 81811 1881
Principal Place of	of Business	Mailing Address			
HIALEAH FL 33013 651 EA		651 E. 25TH ST 651 East 25Th St. Hialeah Fl 33013 US		Date Incorporated or Qualified 01/21/1981	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	F, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		Crty & State	<u> </u>	6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution This corporation has liability for interpretation for in	Added to Fees angible tax under s. 199.032, Yes □ No
4	25 9. Name and Address of Cur	29 rent Registered Agent	81 Name	10. Name and Address of New Reg	
MIAMI F	o the provisions of Sections 617.0 ed agent, or both, in the State of F h, and accept the obligations of, S	14/	84 City	East Broward Blvd. auderdale I ation submits this statement for the purpord of directors. Thereby accept the appoint	FL 85 Zip Code 3 3 3 0 1 use of changing its registered office of the strength
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	C COY, ROBERT E 1916 DANA DRIVE	□DELETE	1 1 TITLE 12 NAME 1.3 STREET ADORESS		ERS AND DIRECTORS IN 12 Change Addition
CITY - ST - ZIP TITLE	ADELPHI MD 20783 S	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	HANSON, CALVIN J 5336 PEACOCK LANE RIVERSIDE CA 92505		2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP		
TITLE NAME STREET ADORESS	VC SANDEFUR, CHARLES C 87 WILLOW LEAF DRIVE	DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS	LITTLETON CO 80210 D ANDERSON, O. D. 777 EAST 25TH, #316	DELETE	3 4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS	***************************************	Change Addition
CITY-ST-ZIP TITLE	HIALEAH FL 33013 D	DELETE	4 4 CITY - ST - ZIP	70000189 -07/12/960101	1 Charige ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	BROWN, GEORGE W 2711 NORTH POMELO D AVON PARK FL 33013		5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	-07/12/960101 ***61.25	46
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACOMBER, ROBERT D 5408 PEACOCK LANE RIVERSIDE CA 92505	DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST-ZIP	/	Change Addition
14. I do hereb certify that oath; that	by certify that the information supplied the information indicated on this	annual report or supplemental ann orporation or the receiver or truste	ished and does not qualify to ual report is true and accura e empowered to execute th	for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 617, Flor	ame legal effect as if made under
SIGNAT	FURE:	ep on printed name of signing particle	ER OR DIRECTOR	-4/3/86 bate	305-835-42H) Dejoine Proce