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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

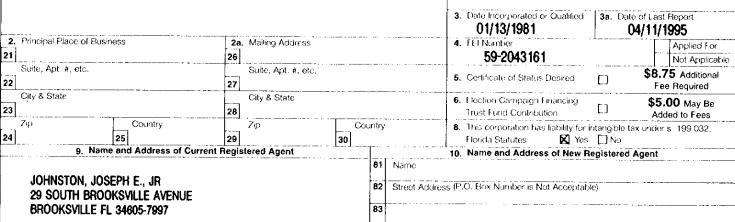
DOCUMENT # F14750 (6)

ORANGE-KARE,	INC.

Principal Place of Business 4133 SPRING LAKE HWY **BROOKSVILLE FL 34601**

Mailing Address

4133 SPRING LAKE HWY **BROOKSVILLE FL 34601**



84 City

or registere	d agent, or both, in the State of Florida. Su , and accept the obligations of, Section 60	ich change was authoriz	ed by the comoration's boar	ation submits this statement for the purpose of changing its registered office of directors. Thereby accept the appointment as registered agent. Lam
SIGNATURE				
	Signature: Uspect or pulnted transic of registered agent and title		OTE: Begistered Agent signature require	
12.	OFFICERS AND DIR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	- ,	DELETE	1. 1 HITLE	Change Addition
NAME	MOUNTAIN, THOMAS O		1.2 NAME	
STHEFT ADDRESS	4133 SPRING LAKE HWY		1.3 STREET ADDRESS	
CITY - ST - 71P	BROOKSVILLE, FL 00000		1.4 CITY ST ZIP	
ויונ		DELETE	2 1 TITLE	Change Addition
NAME			2 2 NAME.	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP			2.4 CITY - ST - ZIP	
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY ST-ZIF			34 CITY-ST-7-P	
DILE		DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CHTY-ST-ZIP			4.4 CHY SL-ZIP	
TIFLE		☐ DELETE	5 1 TillE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
GITY-ST-ZIP				
IIILE		T DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME		المارين المارين		☐ Change ☐ Addition
STREET ADDRESS			6 2 NAME	
			6 3 STREET ADDRESS	
C(1Y-S1-ZIP			6.4 CITY - ST - 7IP	

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 disport of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

3-26-96 352-791-1390

Zip Code