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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H28658

1. Corporation Name

CONSCIOUS CARE INC.

FILED Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90063 015 ***150.00

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Principal Plac	e of Rusiness	Mailing Address			IBN 1811 BIBN BIBN BIBN BIBN	DIEN DIAN IDD
% JANICE E. I		% JANICE E. HELLER				
1042 TYLER S		1042 TYLER ST.				
HOLLYWOOD FL 33019		HOLLYWOOD FL 33019			TE IN THIS SPACE	
				3. Date Incorporated or Qualifed 11/05/1984		
2. Principal P	lace of Business	2a. Mailing Address	11. 47	4. FEI Number	TA	plied For
21	:	26		59-2459756	├ ─ ∳ ─`	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75	Additional
22		27		5. Certificate of Status Desired		equired
City & Stat	ie .	City & State		6. Election Campaign Financing	55.00	May Be
23	·	28		Trust Fund Contribution	1)	to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	ent year Intangible	
24	25		30	Personal Property Tax.	Yes	□No ′
	9. Name and Address of Co			10. Name and Address of New R	egistered Agent	
LIE1	LED JANICE E	14.0	81 Name			
IICL	ler, Janice e. 2 Tyler-st. =		82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
				11 11 11 11 11 11 11	The second second	<u> </u>
HUL	LYWOOD FL 33019		83			7.34
			84 City			Code
	um e F		O4 City		FL S 2	Code
. + 100 cm.						
office or r	egistered agent or both in the S	7.0502 and 607.1508, Florida Statu State of Florida. Such change was a obligations of, Section 607.0505, Flo	authorized by the cornora	rporation submits this statement for the tion's board of directors. I hereby accept	purpose of changing its it the appointment as re	gistered
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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: