

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H59858 (1)
1. Corporation Name
SUS CARE, INC.



Principal Place of Business: **1285 ORANGE AVE. WINTER PARK FL 32789**
Mailing Address: **1285 ORANGE AVE. WINTER PARK FL 32789**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
3. D/O Incorporated or Qualified: **05/29/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2550975**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

Applied For: Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

**BARNETT, JAMES C.
1285 ORANGE AVENUE
WINTER PARK FL 32789**

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: **FL**

11. Pursuant to the provisions of Sections 607.0607 and 607.1708, 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 607.0609, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPIVEY, JAMES N.	
STREET ADDRESS	3220 LAKESHORE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIDDICK, MAX F.	
STREET ADDRESS	2200 WOODLAWN DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNSON, GREGORY O.	
STREET ADDRESS	161 ALEXANDER PLACE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARNETT, JAMES C.	
STREET ADDRESS	140 CHELTON CIRCLE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary for the filing and that I qualify for the exemption statute in Section 118.07, Florida Statutes. I further certify that the information included on this annual report is complete and correct to the best of my knowledge and belief. 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 agent or trustee of a corporation, and that I am a resident of the State of Florida, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *J Barnett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

CR2E034 (12/95)