## 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

SIGNATURE: (

1. Corporation MARY	MENT # J0635 Name ''S CARE CENTER, INC.	66 (6)				
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Principal Place	of Business	Mailing Address		U JUBITA BEST BUTTU BITOR STAGE BU	110 B114 01011 B1016 01B11 01	BII OIBII DIBII IOBI
16 N. LOTELA AVE. 16 N. LOTEL		16 N. LOTELA AVE. AVON PARK FL 3382	<b>25</b> :	,		
				3. Date incorporated or Qualified 03/27/1986	3a. Date of Last R 04/21/1	eport <b>995</b>
2. Principal Pla	ce of Business .	2a. Mailing Address 26		4. FEI Number 59-2685163	<b>}</b> +	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			\$8.75	Additional
2	,	27		5. Certificate of Status Desired	1 1	Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees
Zip	· Country	Zip	Country	8. This corporation has liability for in	···	
24	25	29	30	Florida Statutes	□No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
WEIKE	L, MARY	•				
	LOTELA AVE.	•	82 Street Ad	ddress (P.O. Box Number is Not Acceptable	le)	
	PARK FL 33825		83			
			84 City		85 Z	p Code
					F   65   41	p Code
	•		'   ' '		FL   "   "	
11. Pursuant to	o the provisions of Sections 607,0502	and 607.1508, Florida Statute	es, the above-named core	poration submits this statement for the purposer of directors. I bereby accept the appropriate	pose of changing its	registered office
or registere	o the provisions of Sections 607,0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	<ul> <li>Such change was authorize</li> </ul>	es, the above-named core ed by the corporation's b	poration submits this statement for the pur loard of directors. I hereby accept the appo	pose of changing its	registered office I agent. I am
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