

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L32759 (7)**  
1. Corporation Name  
**CAREGIVERS DAY AND NIGHT INCORPORATED**



Principal Place of Business <b>2505 ENTERPRISE RD 10 CLEARWATER FL 34623-1100 US</b>	Mailing Address <b>2505 ENTERPRISE RD 10 CLEARWATER FL 34623-1100 US</b>
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3. Date Incorporated or Qualified <b>11/28/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2978313</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>2555 ENTERPRISE RD</b> Suite, Apt. #, etc. 22 <b>12 B</b> City & State 23 <b>CLEARWATER FLORIDA</b> Zip 24 <b>34623-1100</b>	2a. Mailing Address 26 <b>2555 ENTERPRISE RD</b> Suite, Apt. #, etc. 27 <b>12 B</b> City & State 28 <b>CLEARWATER FLORIDA</b> Zip 29 <b>34623-1100</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>ZEPPERINICK, ALAN D. 1589-A MAIN STREET DUNEDIN FL 34698</b>	10. Name and Address of New Registered Agent 81 Name <b>ZEPPERINICK, ALAN D.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2555 ENTERPRISE RD - 12 B</b> 83 84 City <b>CLEARWATER</b> FL 85 Zip Code <b>34623-1100</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	<b>S</b>		
NAME	<b>ZEPPERINICK, DONALD</b>		
STREET ADDRESS	<b>1589-A MAIN STREET</b>		
CITY-ST-ZIP	<b>DUNEDIN FL</b>		
TITLE	<b>PVT</b>		
NAME	<b>ZEPPERINICK, ALAN</b>		
STREET ADDRESS	<b>1425 MAIN ST.</b>		
CITY-ST-ZIP	<b>DUNEDIN FL</b>		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE \_\_\_\_\_ 25 May 1997 735-1416

CR2E034 (9/96)