

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **L80872** (9)

1. Corporation Name
CORPORATE CARE WORKS, INC.



Principal Place of Business	Mailing Address
2636 OAK ST. JACKSONVILLE FL 32204 US	C/O CYNTHIA K. PERSICO 2705 RIVERSIDE AVENUE JACKSONVILLE FL 32205

21 Principal Place of Business	22 Suite, Apt #, etc	23 City & State	24 Zip	25 Country	26a Mailing Address	27 Suite, Apt #, etc	28 City & State	29 Zip	30 Country
					2636 OAK ST.	3	JACKSONVILLE FL	32204	USA

3. Date Incorporated or Qualified	3a. Date of Last Report
06/12/1990	05/01/1995
4. FEI Number	Applied For
59-3010363	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**PERSICO, CYNTHIA K.
2705 RIVERSIDE AVENUE
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name	CYNTHIA K. PERSICO
82 Street Address (P.O. Box Number is Not Acceptable)	2636 OAK ST.
83	
84 City	JACKSONVILLE FL
85 Zip Code	32204

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: Cynthia K. Persico (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSICO, CYNTHIA K.	12 NAME	
STREET ADDRESS	2705 RIVERSIDE AVE.	13 STREET ADDRESS	2636 Oak St.
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	
TITLE	ST	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSICO, CYNTHIA K.	22 NAME	
STREET ADDRESS	2705 RIVERSIDE AVE.	23 STREET ADDRESS	2636 Oak St.
CITY - ST - ZIP	JACKSONVILLE FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. 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)(x), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia K. Persico 7/12/96 (904) 384-9436
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)