

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

FILED

1

97 OCT -9 AM 10:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L80872**  
 Corporation Name: **CORPORATE CARE WORKS, INC.**



Principal Place of Business: **2636 OAK STREET JACKSONVILLE, FL 32204**  
 Mailing Address: **4190 Belfort Rd. #140 JACKSONVILLE, FL 32214**

21. Principal Place of Business: <b>SAME</b>	2a. Mailing Address: <b>SAME</b>
22. Suite, Apt. #, etc: <b>N/A</b>	27. Suite, Apt. #, etc: <b>SAME</b>
23. City & State: <b>SAME</b>	28. City & State: <b>SAME</b>
24. Zip: <b>SAME</b>	29. Zip: <b>SAME</b>
25. Country: <b>USA</b>	30. Country: <b>USA</b>

3. Date Incorporated or Qualified: <b>6-12-90</b>	3a. Date of Last Report: <b>5-1-96</b>
4. FEI Number: <b>59-3010363</b>	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent:  
**4190 Belfort N/A Suik #140 CYNTHIA K. PERSICO 2636 OAK ST. JACKSONVILLE, FL 32214**

10. Name and Address of New Registered Agent:  
 B1 Name: **N/A**  
 B2 Street Address (P.O. Box Number is Not Acceptable):  
 B3:  
 B4 City: **FL** B5 Zip Code:

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** DATE: **5/1/97**

12. OFFICERS AND DIRECTORS

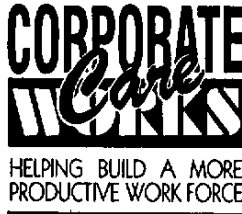
TITLE: <b>President</b>	<input type="checkbox"/> DELETE
NAME: <b>CYNTHIA K. PERSICO</b>	
STREET ADDRESS: <b>SAME AS ABOVE</b>	
CITY-ST-ZIP:	
TITLE: <b>Vice-President</b>	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS: <b>SAME AS ABOVE</b>	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: <b>N/A</b>
1.3 STREET ADDRESS: <b>N/A</b>
1.4 CITY-ST-ZIP: <b>N/A</b>
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: <b>N/A</b>
2.3 STREET ADDRESS: <b>N/A</b>
2.4 CITY-ST-ZIP: <b>N/A</b>
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: <b>700002320647--0</b>
3.3 STREET ADDRESS: <b>-10/15/97--01042--020</b>
3.4 CITY-ST-ZIP: <b>****165.00 ****165.00</b>
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 19.07(3)(c), 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: **Cynthia K. Persico** DATE: **5/1/97**



(2)

4190 BELFORT ROAD, SUITE 140 • JACKSONVILLE, FLORIDA 32216  
1 - 8 0 0 - 3 2 7 - 9 7 5 7 • 9 0 4 - 2 9 6 - 9 4 3 6 • FAX 9 0 4 - 2 9 6 - 1 5 1 1

Oct. 2, 1997

Florida Dept. of State  
Attn. Reinstatement Dept.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Dept. of State:

I am writing to confirm today's conversation with Trevor in your office. Our firm responded to your letter of May 22, 1997 on May 27, 1997 by returning a corrected Annual Report to your office and resubmitting our fee as instructed. When I placed a follow-up call to your office to inquire due to our check not clearing our bank as of today, I was advised that our response was never received by your office. We never received any communication to that effect and are therefore requesting our reinstatement fee be waived. Supporting copies of documentation we sent on time are enclosed as is a new check to replace the lost one. Thank you for also noting our new address: 4190 Belfort Rd. Suite 140  
Jacksonville, FL 32216

We appreciate your prompt response to this request.

Sincerely,

*Cynthia K. Persico*

Cynthia K. Persico  
Owner

