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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003802

1. Corporation Name
10 WHO CARE, INC.

Principal Place of Business
 11450 GANDY BLVD.
 ST PETERSBURG FL 33702
 US

Mailing Address
 11450 GANDY BLVD.
 ST PETERSBURG FL 33702
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3394180	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
REYNOLDS, DAN 11450 GANDY BLVD. ST PETERSBURG FL 33702				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MAULDIN, STEVE	1.1 TITLE	President / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAULDIN, STEVE	1.2 NAME	NOREEN PARKER
STREET ADDRESS	11450 GANDY BLVD.	1.3 STREET ADDRESS	11450 GANDY BLVD.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL
TITLE	VPD SOBOCINSKI, BARBARA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBOCINSKI, BARBARA	2.2 NAME	
STREET ADDRESS	11450 GANDY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	STD REYNOLDS, DAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, DAN	3.2 NAME	
STREET ADDRESS	11450 GANDY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	D LASHER, ELLEN P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASHER, ELLEN P	4.2 NAME	
STREET ADDRESS	11450 GANDY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAN REYNOLDS** 3/11/99 727.577.8427
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)