

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P29543 (6)**

1. Corporation Name

AMERICARE GROUP PURCHASING CORP.



Principal Place of Business

4911-C CREEKSIDE DR
CLEARWATER FL 34620

Mailing Address

4911-C CREEKSIDE DR
CLEARWATER FL 34620

3. Date Incorporated or Qualified 05/29/1990	3a. Date of Last Report 02/20/1995
4. FEI Number 22-3046484	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 510
Suite, Apt. #, etc. 22 3320 SCHERER DR	Suite, Apt. #, etc. 27
City & State 23 ST PETERSBURG FL	City & State 28 GROUETOWN GA
Zip 24 33714	Country 25 PINELLAS
	Zip 29 30813
	Country 30 COLUMBIA

9. Name and Address of Current Registered Agent

**PENCE, CHRISTOPHER, L
4911-C CREEKSIDE DR
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

61. Name	62. Street Address (P.O. Box Number is Not Acceptable)	63.
	3320 SCHERER DR	
64. City	65. Zip Code	
ST PETERSBURG FL	33714	

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

Signature (based on block 9) of current registered agent

Signature (based on block 10) of new registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, J. MICHAEL	12. NAME	
STREET ADDRESS	4911-C CREEKSIDE DR.	13. STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	14. CITY-STATE-ZIP	
TITLE	T	21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENCE, CHRISTOPHER	22. NAME	
STREET ADDRESS	2908 LONGBROOKE WAY	23. STREET ADDRESS	3320 SCHERER DR
CITY-STATE-ZIP	CLEARWATER FL	24. CITY-STATE-ZIP	ST PETERSBURG FL 33714
TITLE	P	31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH, TERRY	32. NAME	
STREET ADDRESS	4911-C CREEKSIDE DR.	33. STREET ADDRESS	430 PACE 20 WEST DR
CITY-STATE-ZIP	CLEARWATER FL	34. CITY-STATE-ZIP	GROUETOWN GA 30813
TITLE	S	41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDOLPH, CAROL	42. NAME	Sec
STREET ADDRESS	4911-C CREEKSIDE DR.	43. STREET ADDRESS	AUBREY RHODES
CITY-STATE-ZIP	CLEARWATER FL	44. CITY-STATE-ZIP	430 PACE 20 WEST DR
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 19.07(3)(a), 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 registered agent 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 in an attachment with an address.

SIGNATURE:

Christopher L Pence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTOPHER L PENCE

2/29/96 1-800-226-2671
DUE TO FILING

CR2E034 (12/95)