

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

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90001 031 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000022998
 Corporation Name Fundamental Care, Inc

Principal Place of Business 1880 NE 163rd St N. Miami Beach FL 33162
 Mailing Address SAME

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3-11-1998

4. FEI Number 65-0821892 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Principal Place of Business 1880 NE 163rd St 2a. Mailing Address Same

Suite, Apt. #, etc. Same 27

City & State N. Miami Beach FL 28 City & State Same

Zip 33162 25 Country USA 29 Zip 33162 29 Country USA 30

9. Name and Address of Current Registered Agent
John YancheK
1515 Ringling Blvd #800
Sarasota, FL 34236

10. Name and Address of New Registered Agent

81 Name Jacob Fishman

82 Street Address (P.O. Box Number is Not Acceptable) 1455 NW 14th St

83

84 City Miami 85 State FL 86 Zip Code 33125

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 Robert Rosen DATE 9/3/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE	<u>PSTD</u> <u>Price, Bart</u> <u>1515 Ringling Blvd #800</u> <u>Sarasota, FL 34236</u>	1.1 TITLE	<u>President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE	<u>UP</u> <u>Price, Bart</u> <u>1515 Ringling Blvd #800</u> <u>Sarasota, FL 34236</u>	1.2 NAME	<u>Ronnee Abrams Rosen</u>
<input type="checkbox"/> DELETE		1.3 STREET ADDRESS	<u>1880 NE 163rd St</u>
<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	<u>N Miami Beach FL 33162</u>
<input type="checkbox"/> DELETE		2.1 TITLE	<u>Vice President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE		2.2 NAME	<u>Lois Goucouich</u>
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	<u>2031 NE 196th Terrace</u>
<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	<u>N Miami Beach FL 33179</u>
<input type="checkbox"/> DELETE		3.1 TITLE	<u>Secretary</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> DELETE		3.2 NAME	<u>Robert Rosen</u>
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	<u>1880 NE 163rd St</u>
<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	<u>N Miami Beach FL 33162</u>
<input type="checkbox"/> DELETE		4.1 TITLE	
<input type="checkbox"/> DELETE		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	
<input type="checkbox"/> DELETE		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	
<input type="checkbox"/> DELETE		6.2 NAME	
<input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

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

SIGNATURE: Robert Rosen Robert Rosen - Sec'y DATE 9/3/99 Daytime Phone # 305-949-2401

CR2E034 (11/91)