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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

VO5944

Mickey's Caring Services Inc.

Principal Place of Business

Mailing Address

FILED
Jul 08 1998 8:00am
Secretary of State

	22349 Boyaca Rd. P.O. Box 970304 Boca Raton 33343 Boca Raton F1 33496				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number			Applied For	
21	22349 Boyaca Rd. 26 PO Box 970304				650305823			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required			
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be				
23 Boc	a Raton F1 33343	28 Boca Rator	n FL	3349				fed to Fees	
Zip 24 3334	Country 3 25 USA	Zip 29 33496 30	Country	USA	This corporation owes or has p Personal Property Tax due Jun		erv year Yes	r Intangible No	
	P. Name and Address of Current	Registered Agent		··	10. Name and Address of New R	egistered A	gent		
Mitch	ell Klevansky		81	Name					
				82 Street Address (P.O. Box Number is Not Acceptable)					
Dana Datas Elouida 22242									
Doca	Raton Horizanso-		83	1					
			84	City		F-1	85 2	Zip Code	
74 8				l		<u>FL</u>	Ц.		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.3508, Florida Statutes, Florida. Such change was auth one of Spoling 607.0506, Florid	ine abovi orized by a Statular	e-named co y the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of contract the appointment of the appointm	cnangin intment	as registered	
SIGNATURE	XWI WHITE				guired when reinstating)	DATÉ			
12.		DIRECTORS	13.	an signalule lec	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12	
TITLE	1	☐ DELETE	11 TITLE				Chan		
NAME	Mitchell Klevansky, President 12		1.2 NAME					i	
STREET ADDRESS	22340 Boyaca Roa		13STREET	ADDRESS				ì	
CITY-ST-ZIP	Boca Raton FL 333		14 CITY-5	ST-ZIP					
TITLE	DELETE 217		21 TITLE	1			Chan	ge 🔲 Addition	
NAME			2.2 NAME 2.3 STREET ADDRESS					}	
STREET ADDRESS									
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					
TITLE		☐ DELFTE	3.1 TITLE				Chan	ge 🔲 Addition	
NAME			3 2 NAME					į	
STREET ADDRESS			3 3 STAFET	ADDRESS					
CITY-ST-ZIP			3 4. CITY -	SI - ZiP					
TITLE	DELETE 4.11		4.1 TITLE			Į	Chang	ge 🔲 Addition	
NAME	· · ·		4. 2 NAME	ĺ					
STREET ADDRESS			4.3 STREET	ADDRESS				,	
CITY-ST-ZIP			4.4 CITY-S	i7 - ZIP					
TITLE		☐ DELETE	5 1 TITLE		•	[Chang	ge 🔲 Addition	
NAME		j	5.2 NAME	}					
STREET ADDRESS			53 STREET	ADDRESS				ł	
CITY-ST-ZIP			5.4 CHY-S	1 - ZiP					
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NAME			62 NAME	-	0000025		*U	yv d	
STREET ADDRESS			6.3 STREET	ADDRESS	-07/08/98010	J4UU?	೭ರ	11/0	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(). 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 each, 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

Mitthakling / Mitchell A. Mickey

6/30/91

561-451-3207

CROFO24 /



Mickey's Caring Service, Inc. P.O. Box 970304 Boca Raton, Florida 33497-0304 (561) 451-3207 f: (561) 451-3041

30 June 1998

Florida Department of State Division of Corporations PO Box 6327 Tallahassee FL 32314

RE: Profit Corporation Annual Report 1998

To Whom It May Concern:

We are enclosing herewith our check to the amount of \$150.00. We were informed that the late charge of \$550.00 would be waived inasmuch as we never received the necessary form for filing until June 26, 1998.

Sincerely yours,

Mitchell Klevansky, M.S.

MK/cp

Encl.