

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

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000002898 (3)

1. Corporation Name
UNIONCARE, INC.



Principal Place of Business
**111 MASSACHUSETTS AVE., N.W.
 WASHINGTON DC 20001**

Mailing Address
**111 MASSACHUSETTS AVE., N.W.
 WASHINGTON DC 20001**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number

52-1782580

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **DCEO**
 NAME: **GEORGINE, ROBERT A**
 STREET ADDRESS: **111 MASSACHUSETTS AVE., N.W.**
 CITY-ST-ZIP: **WASHINGTON DC 20001**

DELETE

TITLE: **ST**
 NAME: **NULL, LESTER H SR**
 STREET ADDRESS: **111 MASSACHUSETTS AVE., N.W.**
 CITY-ST-ZIP: **WASHINGTON DC 20001**

DELETE

TITLE: **VD**
 NAME: **LUCE, JAMES W**
 STREET ADDRESS: **111 MASSACHUSETTS AVE., N.W.**
 CITY-ST-ZIP: **WASHINGTON DC 20001**

DELETE

TITLE: **V**
 NAME: **SORMANI, CHARLES R**
 STREET ADDRESS: **111 MASSACHUSETTS AVE., N.W.**
 CITY-ST-ZIP: **WASHINGTON DC 20001**

DELETE

TITLE: **VSTD**
 NAME: **CARABILLO, JOSEPH A**
 STREET ADDRESS: **111 MASSACHUSETTS AVE., N.W.**
 CITY-ST-ZIP: **WASHINGTON DC 20001**

DELETE

TITLE: **V**
 NAME: **BLOCK, MICHAEL**
 STREET ADDRESS: **111 MASSACHUSETTS AVE., N.W.**
 CITY-ST-ZIP: **WASHINGTON DC 20001**

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE: *Michael Block*

4-22-98

210-1-80-101M

CR2E034 (10/97)