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Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003367 (8)

1. Corporation Name

CARING OPERATIONS REGISTRY, INC.



Principal Place of Business

507 ROYAL PALM
BEACH BLVD.
ROYAL PALM BEACH FL 33411

Mailing Address

507 ROYAL PALM
BEACH BLVD.
ROYAL PALM BEACH FL 33411-7670

3. Date Incorporated or Qualified
07/13/1995

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 11440-DKRECHORRE BLVD. 26 11440-DKRECHORRE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 202

27 202

City & State

City & State

23 ROYAL PALM BEACH, FL. 28 ROYAL PALM BEACH, FL.

Zip

Zip

24 33411

25 PALM BEACH

29 33411

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACK, S. HUBERT EVP
SUITE CRD. 507 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33414

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
11440-DKRECHORRE BLVD. (SUITE 202)

83

ROYAL PALM BEACH,

84 City

FL

85 Zip Code

33411

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME JACK, NORMA A R.N.,
STREET ADDRESS 4404 AVENUE J
CITY-ST-ZIP BROOKLYN NY 11234

1.1 TITLE CP
1.2 NAME JACK, NORMA A R.N.,
1.3 STREET ADDRESS 2375 DEER RUN BLVD.
1.4 CITY-ST-ZIP LOXAHATCHER, FL, 33470

TITLE VCV
NAME JACK, S. HUBERT
STREET ADDRESS 4404 AVENUE J
CITY-ST-ZIP BROOKLYN NY 11234

2.1 TITLE VCV
2.2 NAME JACK, S. HUBERT, R.T.
2.3 STREET ADDRESS 2375 DEER RUN BLVD.
2.4 CITY-ST-ZIP LOXAHATCHER, FL, 33470

TITLE D
NAME DUNKLEY, EILEEN
STREET ADDRESS 2549 STRANG AVE
CITY-ST-ZIP BRONX NY 10469

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME DUNKLEY, BALFOUR
STREET ADDRESS 2549 STRANG AVE
CITY-ST-ZIP BRONX NY 10469

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME RYNECKI, BEATRICE
STREET ADDRESS 7002 AVENUE L
CITY-ST-ZIP BROOKLYN NY 11234

5.1 TITLE
5.2 NAME ANNE MARIE WHITE
5.3 STREET ADDRESS 2375 DEER RUN BLVD.
5.4 CITY-ST-ZIP LOXAHATCHER, FLORIDA, 33470

TITLE OMD
NAME XIUPING, SUN
STREET ADDRESS 1386 WHITE PINE DR.
CITY-ST-ZIP WEHINGTON FL 33414

6.1 TITLE OMD
6.2 NAME STANLEY JACK
6.3 STREET ADDRESS 8771 S.W. 8TH ST.
6.4 CITY-ST-ZIP PLANTATION, FL. 33324

14. I do 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 it is changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. HUBERT JACK 01/08/97-561-798-7023
EXEC.V.P.

Date

Day/e File #

0305886

CR2E034 (9/96)