

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

**FILED**  
**Apr 01 1998 8:00am**  
**Secretary of State**

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F96000003980 (7)**

1. Corporation Name

**AMERICARE EMPLOYERS GROUP, INC.**

Principal Place of Business

**4350 E. CAMELBACK #100E  
PHOENIX AZ 85018**

Mailing Address

**4350 E. CAMELBACK #100E  
PHOENIX AZ 85018**



DO NOT WRITE IN THIS SPACE

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>2. Principal Place of Business</b><br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b>                      |  | <b>2a. Mailing Address</b><br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b> |  | <b>3. Date Incorporated or Qualified</b><br><b>08/05/1996</b>   |  |
| <b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b>   |  | <b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b>                               |  | <b>4. FEI Number</b><br><b>86-0552148</b>   |  |
| <b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b>   |  | <b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b>                               |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| <b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b>   |  | <b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b>                               |  | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b>   |  | <b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b>                               |  | <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                               |  |
| <b>9. Name and Address of Current Registered Agent</b><br><b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION FL 33324</b> |  |   |  | <b>10. Name and Address of New Registered Agent</b><br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City <b>FL</b> <b>85</b> 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                          |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                          |  |  |
|----------------------------|--------------------------|--|--|---|--------------------------|--|--|
| TITLE                      | PTD                      | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE   | DP                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | SHOSTACK, RONALD         |  |  | 1.2 NAME  | Loren J. Hulke           |  |  |
| STREET ADDRESS             | 4300 E. ROSE LANE        |  |  | 1.3 STREET ADDRESS                                    | 2621 Van Buren Ave.      |  |  |
| CITY-ST-ZIP                | PARADISE VALLEY AZ 85253 |  |  | 1.4 CITY-ST-ZIP                                       | Norristown PA 19403      |  |  |
| TITLE                      | S                        | <input checked="" type="checkbox"/> DELETE |  | 2.1 TITLE   | DTR                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       | DAHLEN, CHERYL           |  |  | 2.2 NAME  | Thomas D. Schubeet       |  |  |
| STREET ADDRESS             | 4376 E. MUNEL            |  |  | 2.3 STREET ADDRESS                                    | 2621 Van Buren Ave.      |  |  |
| CITY-ST-ZIP                | PHOENIX AZ 85032         |  |  | 2.4 CITY-ST-ZIP                                       | Norristown PA 19403      |  |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE            |  | 3.1 TITLE   | DVP                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                          |  |  | 3.2 NAME  | Avern A. Kerr            |  |  |
| STREET ADDRESS             |                          |  |  | 3.3 STREET ADDRESS                                    | 1016 W. Ninth Ave.       |  |  |
| CITY-ST-ZIP                |                          |  |  | 3.4 CITY-ST-ZIP                                       | King of Prussia PA 19406 |  |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE            |  | 4.1 TITLE   | SUP                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                          |  |  | 4.2 NAME  | Marie L. Martino         |  |  |
| STREET ADDRESS             |                          |  |  | 4.3 STREET ADDRESS                                    | 1016 W. Ninth Ave.       |  |  |
| CITY-ST-ZIP                |                          |  |  | 4.4 CITY-ST-ZIP                                       | King of Prussia PA 19406 |  |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE            |  | 5.1 TITLE   | VP                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                          |  |  | 5.2 NAME  | Ronald N. Shostack       |  |  |
| STREET ADDRESS             |                          |  |  | 5.3 STREET ADDRESS                                    | 4350 E. Camelback #100E  |  |  |
| CITY-ST-ZIP                |                          |  |  | 5.4 CITY-ST-ZIP                                       | Phoenix AZ 85018         |  |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                          |  |  | 6.2 NAME  |                          |  |  |
| STREET ADDRESS             |                          |  |  | 6.3 STREET ADDRESS                                    |                          |  |  |
| CITY-ST-ZIP                |                          |  |  | 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:

*Marie L. Martino*

*3/16/98 6:00/997 7:00*

CR2E034 (10/97)