

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000315 (8)
 1. Corporation Name
NATIONAL COMP CARE INC.



Principal Place of Business 1300 JOHNSON RD. SPRINGDALE AR 72762	Mailing Address 1300 JOHNSON RD. SPRINGDALE AR 72762
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/21/1997
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 71-0773608
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83.	84. City
	85. Zip Code FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLETT, LELAND	1.2 NAME	
STREET ADDRESS	2210 OAKLAWN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRAY, DONALD E	2.2 NAME	
STREET ADDRESS	2210 OAKLAWN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAYCOX, WILLIAM	3.2 NAME	
STREET ADDRESS	2210 OAKLAWN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, DAN	4.2 NAME	
STREET ADDRESS	2210 OAKLAWN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSH, MARY	5.2 NAME	S/T
STREET ADDRESS	2210 OAKLAWN DR.	5.3 STREET ADDRESS	David L. Van Bebber
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	5.4 CITY-ST-ZIP	2210 Oaklawn Dr.
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEATHERBY, DENNIS	6.2 NAME	
STREET ADDRESS	2210 OAKLAWN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGDALE AR 72762-6999	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: _____

CRE034 (10/97)