

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

FILED

Feb 12 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 # F97000004145 (5)

1. Corporation Name

ASTON CARE SYSTEMS, INC.

Principal Place of Business

Mailing Address

2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571-5698

2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571-5698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

65-0733336

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FINN, MILTON G
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33571-5698

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME STARKEY, JERRY L
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL

TITLE CD ☐ DELETE

NAME HOFFMAN, ALFRED
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL

TITLE S ☐ DELETE

NAME FLINN, MITON G
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL

TITLE AS ☐ DELETE

NAME KEITH, SYLVIA
STREET ADDRESS 2020 CLUBHOUSE DRIVE
CITY-ST-ZIP SUN CITY CENTER FL

TITLE JAMES DIETZ, SR. ☐ DELETE

NAME 2020 CLUBHOUSE DR
STREET ADDRESS SUN CITY CENTER, FL
CITY-ST-ZIP 33573

TITLE JAMES BLOOMQUIST ☐ DELETE

NAME 2020 CLUBHOUSE DR
STREET ADDRESS SUN CITY CENTER, FL
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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 put the 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:

2-698 634-3311

CR2E034 (10/97)