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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000006403 (6)

CARE SYSTEMS CORPORATION

Principal Place of Business	Mailing Address			
12377 MERIT DR. #100 DALLAS TX 75251	12377 MERIT DR. #100 DALLAS TX 75251			

## **FILED** Feb 25 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address	Mailing Address			a indistrate and shire share bottli danie datut abite abite biller biller beite aufen tille fin				
12377 MERIT DR., #100		12377 MERIT DR., #100								
DALLAS TX 7	<b>'5251</b>	DALLAS TX 75251				DO NOT WRITE IN	I THIS SI	PACE		
						3. Date Incorporated or Qualified				
						12/05/1997				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		$-T^{T}T$	Applied For	
21		26				75-2416220			Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc						\$8.7	5 Additional	
22		27				5. Certificate of Status Desired		Fee	Required	
City & State	6	City & State				6. Election Campaign Financing		\$5.0	0 May Be	
23		28				Trust Fund Contribution	<u> </u>		d to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid				
24	25	29	30			Personal Property Tax due June 30		Yes	□ No	
	9. Name and Address of Curre	nt Registered Agent		- I		10. Name and Address of New Regis	stered A	gent		
,	r corporation system		ĺ	81	Name					
120	00 SOUTH PINE ISLAND ROAD		Ì	82	Street Ad	dress (P.O. Box Number is Not Acceptable	)			
[ PU	ANTATION FL 33324		ļ							
				83					ľ	
			ŀ	84	City			85 Z	ip Code	
					-		<u>FL</u>	1 [		
11. Pursuant i	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607 1508, Florida Stat e of Florida: Such change was	utes, the ab s authorized	ove-	named co	orporation submits this statement for the pur ration's board of directors. I hereby accept t	pose of o	changing intraent	g its registered   as registered	
agent la	m familiar with, and accept the oblig	ations of Section 607.0505, I	Florida Statu	utes.		,,				
SIGNATURE									[	
12.	Signature, typed or profest name of registered ag	ont and trin if applicable (NO ID DIRECTORS		Apen	i signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIECT	000 (1) 10	
TITLE	DCEO OFFICERS AN	DELETE	13.	16		ADDITIONS/CHANGES TO OFFICE		Chang		
NAME	UNIPAN, JOHN T		1.2 NA						, D 700(101)	
	12377 MERIT DR., #100				DEDEGG					
STREET ADDRESS	DALLAS TX 75251				DORESS				[	
CITY+ST-ZIP TITLE	V	DELFTE	1.4 CIT 2 1 TIT		- ZIP		····	Chang	e Addition	
	•	LJ DELL'IL								
NAME	VANNER, BRUCE 12377 MERIT DR., #100		2.2 NA						1	
STREET ADDRESS	DALLAS TX 75251			2.3 STREET ADDRESS 2. 4 City-St-Zip						
CITY-ST-ZIP	S S	☐ DELETE			-ZIP	***	· · · · ·	Chang	Addition	
TITLE	•		3.1 TIT				L	_] cisul	e 🔲 Addition	
NAME	MCKINSTRY, EARL		3.2 NA							
STREET ADORESS	12377 MERIT DR., #100 DALLAS TX 75251				DORESS					
CITY-ST-ZIP TITLE	TD TO	DELETE	3.4. Ci 4.1 TiT		-211		·	Chang	e Addition	
NAME	ADAMS, FRANK L		4. 2 NA					~1 trieil∯	~ L ~000001	
	12377 MERIT DR., #100				Droces					
STREET ADDRESS	DALLAS TX 75251		1		DDRESS				· \	
CITY-ST-ZIP TITLE	DALLAS 1X 73231	DELETE	4.4 CIT 5.1 TIT		ZR		Т	Chang	e Addition	
NAME	MEREDITH, IAN	Lad Dece IL	5.2 NA		1			CIRRIN	~ <u></u>	
	601 BAYSHORE BLVD., #980	<b>\</b>			DODECC					
STREET ADDRESS	TAMPA FL 33606	,	1		DORESS					
CITY-ST-ZIP TITLE	IAMPA PL 33000	☐ DELETE	5.4 CIT 6.1 T/T		£IP			Chang	e Addition	
1		L_J DELLIE			1		L	viraity		
NAME			6.2 NA						1	
STREET ADDRESS					DORESS				j	
CITY-ST-ZIP	adily that the information available	ally this filters of an east account	64 CIT	Y-ST-	ZIP	in Contine 110 07/2Vi) Florida Craba - 15		:4 . AL · ·	is a leaf a second a leaf	

Indicated on this annual roport or supplied with this lining does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual roport or supplimental annual roport is frue 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 comprision or the roperior 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 charged, or or an autochmout with an adoption of the composition of

02-03-98 972.383-1190