1999

1. Corporation Name



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90023 025 \*\*\*150.00

CARECO, INC										#(#)( #(#)( (# <b>4</b> )			
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									3. Date Incorporated or Qualifed				
•									09/23/1982				
2. Principal Pl	lace of Bus	iness	2a.	Mailing Address					4. FEI Number		A	pplied For	
21				26					59-2312942		N	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				l	5. Certificate of Status Desired		•	Additional tequired	
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23		·	28						Trust Fund Contribution	<u> </u>		to Fees	
Zip		Country		Zip	Cou	ıntry			8. This corporation owes the curren			_	
24		25	29		30				Personal Property Tax.		Yes	□No	
	9. Nam	e and Address of Cu	urrent Regis	stered Agent					10. Name and Address of New Re	gistered A	gent		
2011						81	Name				•	Ì	
	IN, PETER 1 Stillwa	i u. Ater drive				82	Street Ad	ddres	s (P.O. Box Number is Not Acceptab	le)			
		FL 33141				83			<del></del>				
						84	City		<u> </u>	FL	85 Zip	Code	
						Ш			di la		honging its	e registered	
office or re	constanced a	isions of Sections 607 gent, or both, in the S yith, and accept the o	State of Floor	na Such change was :	aumonzeo	o ov i	ine corpora	ation'	ation submits this statement for the pr s board of directors. I hereby accept	the appoin	tment as re	egistered	
				,,									
SIGNATURE											•		
SIGNATURE	Signature, type	ed or printed name of registers	ed agent and title	if applicable. (NOT	E: Registered			uired w	then reinstating)	DATE CERS ANI	DIRECT	ORS IN 12	í
12.		ed or printed name of registers		if applicable. (NOT	E: Registered	d Agent		uired w	hen reinstating) ADDITIONS/CHANGES TO OFFI				(0.5)
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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 reference of 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 oddress with all other like empowered.

6.4 CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR