

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H36920**

Corporation Name

CARETAKERS OF AMERICA INCORPORATED

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90012 042 ***550.00



Principal Place of Business

N.E. 43 COURT
POMPA NO BEACH FL 33064

Mailing Address

650 N.E. 43 COURT
POMPA NO BEACH FL 33064

Please note 1 of address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1984

4. FEI Number

59-2495260

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 the current year
Intangible Personal Property.

☐ Yes ☐ No

Principal Place of Business

1538 Buccaneer Ct

2a. Mailing Address

1538 Buccaneer Ct

Suite, Apt. #, etc.

Marco Island

Suite, Apt. #, etc.

Marco Island

City & State

Florida

City & State

Florida

Zip

34145

Country

USA

Zip

34145

Country

USA

9. Name and Address of Current Registered Agent

COX, STEVEN D.
650 N.E. 43 COURT
SUITE 120 B
POMPA NO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

Cox, Steven D.

82 Street Address (P.O. Box Number is Not Acceptable)

1538 Buccaneer Ct.

83

Marco Island

84 City

FL

85 Zip Code

34145

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

VP	DELETED	1.1 TITLE	Change	Addition
COX, STEVEN D.		1.2 NAME		
650 N.E. 43RD CT.		1.3 STREET ADDRESS		
POMPA NO BEACH FL		1.4 CITY-ST-ZIP		
DP	DELETED	2.1 TITLE	Change	Addition
COX, STEVEN		2.2 NAME		
650 N.E. 43RD CT.		2.3 STREET ADDRESS		
POMPA NO BEACH FL		2.4 CITY-ST-ZIP		
	DELETED	3.1 TITLE	Change	Addition
		3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
	DELETED	4.1 TITLE	Change	Addition
		4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
	DELETED	5.1 TITLE	Change	Addition
		5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
	DELETED	6.1 TITLE	Change	Addition
		6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (5/99)