**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H50369**

1. Corporation Name

SUNCARE MANAGEMENT, INC.

Principal Place	of Business	Mailing Address	_			1 (88191) 8181 8114 88164 11716 81	168 184) WIEDL WA			
30£1 NW 23RD	WAY	P.O. BOX 551447						•		
<del>SUITE 128</del> -		SUITE 123			DO NOT WRITE IN THIS SPACE					
FT. LAUDERDALE FL 33311		FT LAUDERDALE FL 33355 US			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed					
US		03				04/03/1985			1	
A Driversal Di	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
		26				59-2514520		_ <del> </del>	Applicable	
21 30 t Suite, Apt.		Suite Act # etc	_					\$8.75 A		
22 No Suite #		27 No Suite #			F	5. Certifcate of Status Desired	بحطيات	Fee Rec	puired =====	
City & State		City & State				6. Election Campaign Financing	П	\$5.00 h	vlay Be	
23 F+ L	auderdale FL	28				Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Co	ountry		g, This corporation owes the curr	ent year inta			
24 3331	25	29	30			Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent		11		10. Name and Address of New I	Registered /	Agent	_	
LAIL	LADDV			81	Name		•			
	LARRY			82	Street Add	lress (P.O. Box Number is Not Accept	able)			
_	! SW 112 WAY E FL 33324									
DAVI	E FL 33324			83		,			,	
	•			84	City			85 Zip C	ode	
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes. the	above		noration submits this statement for the	purpose or	changing its i	egistered	
	egistered agent, or both, in the State o	of Florida, Such change was a	コルけわのロス・	ed by 1	the corporati	ion's board of directors. I hereby acce	pt the appoir	itment as reg	istered	
agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida, Such change was a	コルけわのロス・	ed by 1	the corporati	ion's board of directors. I hereby acce	pt the appoir	itment as reg	istereu	
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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 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, and on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2-9-99

954)677-2806

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90193 006 \*\*\*150.00