

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H60673** (1)

1. Corporation Name
CARE CONSULTANTS, INC.

Principal Place of Business
7320 W GROVER CLEVELAND BLVD
P.O. BOX 617
HOMOSASSA SPRINGS FL 34447

Mailing Address
7320 W GROVER CLEVELAND BLVD
P.O. BOX 617
HOMOSASSA SPRINGS FL 34447-0617



3. Date Incorporated or Qualified
06/06/1985

3a. Date of Last Report
03/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2549742	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

NASON, NORMA L.
7320 W. GROVER CLEVELAND BLVD
P.O. BOX 617
HOMOSASSA SPRINGS FL 34447

10. Name and Address of New Registered Agent

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 *Norma L. Nason President* *Norma L. Nason President* **4-9-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE DP	<input type="checkbox"/> DELETE	11 TITLE Laurel A. Nason	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NASON, NORMA L.		12 NAME 6818 Chauger Lane	
STREET ADDRESS 7320 W GROVER CLEVELAND		13 STREET ADDRESS Orlando, Florida 32809-6405	
CITY-ST-ZIP HOMOSASSA SPR. FL		14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE Daryl J. Nason	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME 8180 North Lazy Trail	
STREET ADDRESS		23 STREET ADDRESS Crystal River, Florida 34428	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE Eric A. Nason	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME 1451 Cedar Crescent Drive #434	
STREET ADDRESS		33 STREET ADDRESS Mobile, Alabama 36605	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: *Norma L. Nason President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97 **352 6282994**
 Date Daytime Phone #

CR2E034 (9/96)