PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90088 010 ***158.75

Principal Piace of Business ISS SO, FT, HARRISON CLEARWATER PL 30756 US 2. Principal Piace of Business 2. A Mailing Address 2. Principal Piace of Business 3. Tell International of Qualified 10/21/1987 2. Principal Piace of Business 3. A Mailing Address 3. Suite, Apt. #, etc. 3. Certificate of Suitus Desired 4. FEI Number City & State 2. City & State 3. City & State 3. Desire Country 4. Suite Country 5. Certificate of Suitus Desired 4. Sp. 75 Additional Piace Regulatorial Agent 4. Trust Euro Contribution 4. Address of Current Registered Agent 4. Trust Euro Contribution 4. Address of Current Registered Agent 4. City 4. Suite Country 4. City & State 4. City 4. Suite Country 5. Name and Address of Current Registered Agent 4. City 4. Suite City & Country 6. Name and Address of Current Registered Agent 6. City & Suite 6. Election Campaign Teleporty Tax. Visual Country 6. Name and Address of Current Registered Agent 6. City & Suite 6. Election Campaign Teleporty Tax. Visual Country 6. Name and Address of Current Registered Agent 6. City F. L. 185 Zip Coole 7. Name and Address of Name Registered Agent 7. Name Address (P.O. Box Name) 10 Name and Address of Name Registered Agent 7. Name Address (P.O. Box Name) 10 Name and Address of Name Registered Agent 7. Name Address (P.O. Box Name) 10 Name and Address of Name Registered Agent 7. Name Address (P.O. Box Name) 10 Name and Address of Name Registered Agent 7. Name Address (P.O. Box Name) 10 Name Address (P.O. Box Name) 10	 Corporation 	MEN 1 # J98281 A WOMEN'S CARE, INC.						
CLEARWATER FL 33796 US CLEARWATER FL 34796 US CLEARWATER FL 347966 US CLEARWATER FL 347966 US CLEARWATER FL 347966 US CLEARWATER FL 347966 US CL	Principal Place	of Business	Mailing Address				•	
US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/2/1/1987 2. Principal Place of Business 2. Mailing Address 3. Date Incorporation or Qualified 10/2/1/1987 Suite, April, if, etc. Suite, April, if, etc. Suite, April, if, etc. Suite, April, if, etc. Cry & State Trust Fund Committon Added to Free Prequired Fea Required Fea								
2. Principal Place of Butiness 2a. Mailing Address 4. FEI Number Application of Qualified 10/2/11/987 Application of Suite, April, #, etc. Suite,		L 33756					DO NOT WRITE IN THIS SPACE	
10/21/1987	US		US					٦
2. Principal Place of Business 2a, Mailing Address 5. EFI Number Not Applicable or Suite, Apt. if, etc. 27 Suite, Apt. if, etc. 28 Suite, Apt. if, etc. 27							1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Sulta, Apt. F. etc. Sulta, Ap	9 Principal Di	ace of Rusingse	2a Mallion Address					7
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, City & State Suite, Apt. #, etc. City & State City & State Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Suite, Apt. #, etc. Suite, Apt.		ace or business						
City & State City & Country Zip		#, etc.					\$8.75 Additional	
City & State Country Zib			27				5. Certificate of Status Desired Fee Required	
28		3	City & State				6. Election Campaign Financing \$5.00 May Be	Ì
25 26 26 26 26 26 26 26	23		28				Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent PETERFREUND, DAVID O MD 10S5 SQ. FT. HARRISON CLEARWATER FL 33756 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. 12. City 13. Surest Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. 15. Signature in the provisions of Sections 607 0502 and 607 1508, Florida Statutes. 16. City 17. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. 18. Signature in the provisions of Sections 607 0505, Florida Statutes. 18. City 19. In the provisions of Sections 607 0505 and 607 1508, Florida Statutes. 19. In the provisions of Sections 607 0505, Florida Statutes. 19. In the provisions of Sections 607 0505, Florida Statutes. 19. In the provisions of Sections 607 0505, Florida Statutes. 19. In the provisions of Sections 607 0505, Florida Statutes. 10. In the provisions of Sections 607 0505, Florida Statutes. 10. In the provisions of Sections 607 0505, Florida Statutes. 10. In the provisions of Sections 607 0505, Florida Statutes. 10. In the provisions of Sections 607 0505, Florida Statutes. 10. In the provisions of Sections 607 0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607 0505, Florida Statutes. 12. City The purpose of the appointment as registered decreased as authorized by the corporation's board of directors. It hereby accept the appointment as registered decreased as authorized by the corporation's board of directors. It hereby accept the appointment as registered decreased as authorized by the corporation's board of directors. It hereby accept the appointment as registered decreased as authorized by the corporation's board of directors. It hereby accept the appointment as registered decreased as authorized by the corporation's board of directors. It hereby accept the appointment as registered decreased as authorized by the corporation's board of directors. It hereby accept the appointment as		Country			intry ,			
PETERFREUND, DAVID O MD 1055 SD. FT. HARRISON CLEARWATER FL 33/56 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the exponential 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 607.6508, Florida Statutes, the exponent and familiar with, and accept the obligations of, Section 607.6508, Florida Statutes, the exponent and familiar with, and accept the obligations of, Section 607.6508, Florida Statutes, the exponent and familiar with, and accept the obligations of, Section 607.6508, Florida Statutes, the exponent and familiar with, and accept the obligations of, Section 607.6508, Florida Statutes, the exponent and familiar with, and accept the obligations of, Section 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of, Section 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of, Section 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of, Section 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of Sections 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of Sections 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of Sections 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of Sections 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of Sections 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of Sections 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of Sections 607.6508, Florida Statutes, and the exponent and familiar with, and accept the obligations of Sections 607.6508, Florida Statutes, and the exponent and familiar with,	24	25	29 3	0			Toronta Toporty 7 and	
PETERFREUND, DAVID O MD 10S5 SO. FT. HARRISON CLEARWAITER FL 33756 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 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 and findillar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGN		9. Name and Address of Current	Registered Agent		<u> </u>		19. Name and Address of New Registered Agent	\dashv
10.ST SO. FT. HARRISON CLEARWATER FL 33756 88 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-mented corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE V DELETE 11 TITLE V DELETE 11 TITLE V DELETE 12 TITLE P DELETE 13 TITLE P DELETE 13 TITLE P DELETE 14 TITLE P DELETE 14 TITLE P DELETE 15 TS 16 DELETE 16 TS 17 DELETE 17 TS 17 DELETE 17 TS 17 DELETE 18 TS 18 DELETE 19 DELETE 19 TS 18 DELETE	DC-te	PERCHAND DAVED A AID			B1	Name		
CLEARWATER FL 33756 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-married corporation submits this statement for the purpose of changing its registered agent, or both, in the Statio of Florida. Such changing has auditated agent, or both, in the Statio of Florida. Such changing has auditated agent, or both, in the Statio of Florida. Such changing has auditated agent agent and adeapy the obligations of Section 607.0503, Florida Statutes. SIGNATURE Signature, how or private alert of registered agent and time of applicable. (NOTE Registered Agent agreets register agreets. (NOTE Registered Agent agreets register agreets registered agent agreet registered agent agreets registered agent agreets registered agent agreets registered agent agreet registered agent regi					82	Street Add	ress (P.O. Box Number is Not Acceptable)	٦
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 registrated spent, or both, in the Statio of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered spent, and control with, and accept the obligations of, Section 607,0508, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS 13 STREET ADDRESS CITY, 51, 2P DELETE 14 GITY, 51, 2P TITLE OFFICERS AND DIRECTORS 13 STREET ADDRESS CITY, 51, 2P OFFICERS AND DIRECTORS 14 GITY, 51, 2P TITLE OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS 13 STREET ADDRESS CITY, 51, 2P OFFICERS AND DIRECTORS 14 GITY, 51, 2P TITLE OFFICERS AND DIRECTORS 14 GITY, 51, 2P TITLE OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS 14 GITY, 51, 2P TITLE OFFICERS AND DIRECTORS TITLE O								4
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the abover-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 spent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE VST. JOHN, PATRICIA A. 12 NAME ST. JOHN, PATRICIA A. 12 STREET ADDRESS CITY-ST-ZP TITLE PETERFFREUND, DAVID O. 22 NAME STREET ADDRESS CITY-ST-ZP BELLEAIR FL OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZP DELETE 14 CITY-ST-ZP DELETE 15 STREET ADDRESS CITY-ST-ZP ADDRESS LARGO FL AGRICON ACTIVEST-ZP ADDRESS LARGO FL AGRICON ACTIVEST-ZP ADDRESS LARGO FL AGRICON ACTIVEST-ZP ACTIVEST-ZP ADDRESS LARGO FL AGRICON ACTIVEST-ZP ADDRESS AGRITY-ST-ZP ACTIVEST-ZP ACTIVE	CLEA	HWATER FL 33756		1	83		·	1
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the abover-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 spent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE VST. JOHN, PATRICIA A. 12 NAME ST. JOHN, PATRICIA A. 12 STREET ADDRESS CITY-ST-ZP TITLE PETERFFREUND, DAVID O. 22 NAME STREET ADDRESS CITY-ST-ZP BELLEAIR FL OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZP DELETE 14 CITY-ST-ZP DELETE 15 STREET ADDRESS CITY-ST-ZP ADDRESS LARGO FL AGRICON ACTIVEST-ZP ADDRESS LARGO FL AGRICON ACTIVEST-ZP ADDRESS LARGO FL AGRICON ACTIVEST-ZP ACTIVEST-ZP ADDRESS LARGO FL AGRICON ACTIVEST-ZP ADDRESS AGRITY-ST-ZP ACTIVEST-ZP ACTIVE					84	City	85 Zip Code	7
office or registered agent, or both, in the State of Florads, Such change was authorized by the corporation in investors. Finding agent as epiperature agent and time it applicable. SIGNATURE Signature, look or private agent of repitrated agent and time it applicable. (NOTE Reprehend Agent suppasse required when remaining) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE V					11	·	F1.	_
TITLE V	office or re agent. I as	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	nonzec da Stati	uies.	ne corporate	on a position of directors, i mainly accept the appointment as regional of	_ @
TITLE V DELETE 1: TITLE 1: TIT				13,				୷ଞ୍
STREET ADORESS CITY-ST-ZP CLEARWATER FL 14 CITY-ST-ZP TITLE P TOTAL P TOTAL P TOTAL P TOTAL P TOTAL P TOTAL TITLE T TOTAL TITLE T TOTAL TITLE T TOTAL TITLE T TOTAL T TOTAL T T T T T T T T T T T T T T T T T T		V	☐ DELETE	1.2 NAME			☐ Change ☐ Addiff	SRZE034 (11/98)
CITY-ST-ZP CLEARWATER FL 14 CITY-ST-ZP TITLE P CHANGE PETERFREUND, DAVID O. 22 NAME STREET ADORESS CITY-ST-ZP TITLE TS CITY-ST-ZP TITLE TS CITY-ST-ZP TITLE TS CITY-ST-ZP CHANGE STREET ADORESS CITY-ST-ZP LARGO FL WEIBLE, OELL STREET ADORESS CITY-ST-ZP TITLE MAME STREET ADORESS CITY-ST-ZP TITLE MAME STREET ADORESS CITY-ST-ZP TITLE MAME STREET ADORESS CITY-ST-ZP TITLE CLEARWATER FL DELETE STREET ADORESS STREET ADORESS CITY-ST-ZP TITLE MAME STREET ADORESS CITY-ST-ZP TITLE CLEARWATER FL CHANGE Addition	NAME	ST. JOHN, PATRICIA A.				ļ		8
TITLE P DELETE 21 TITLE	STREET ADDRESS	304 MAGNOLIA DR				ADDRESS		및
TITLE P DELETE 21 TITLE	CITY-ST-ZIP	CLEARWATER FL		14 CITY-		ZIP		7 5
STREET ADDRESS CITY-ST-ZP BELLEAIR FL 10		P	DELETE	22 NAME 23 STRE				
STREET ADDRESS CITY-ST-ZP BELLEAIR FL 10	NAME	PETERFREUND, DAVID O.						
CITY-ST-ZIP BELLEAIR FL TS OBLETE 3.1 TITLE JENSEN, JEFFERY JENSEN, JEFFERY JAMANE STREET ADDRESS CITY-ST-ZIP TITLE VP MALIE WEIBLE, DELL STREET ADDRESS CITY-ST-ZIP LARGO FL JAME WEIBLE, DELL STREET ADDRESS CITY-ST-ZIP TITLE TITLE DELETE JAME JA						ADDRESS		
TITLE TS GELETE 3.1 TITLE NAME JENSEN, JEFFERY 32 NAME STREET ADDRESS 14111 KENSINGTON OAK PL 3.3 STREET ADDRESS 24. CITY-ST-ZIP TITLE VP ADDRESS 1208 SUNSET DR 4.3 STREET ADDRESS 25 NAME STREET ADDRESS 1208 SUNSET DR 4.3 STREET ADDRESS 25 NAME TITLE GELETE S1 TITLE GELETE S1 TITLE GENAME ADDRESS 25 NAME STREET ADDRESS 5.3 STREE						-zip		
NAME STREET ADDRESS 14111 KENSINGTON OAK PL 33 STREET ADDRESS CITY. ST-ZIP TITLE VP NAME WEIBLE, DELL STREET ADDRESS CITY. ST-ZIP TITLE TITLE STREET ADDRESS CITY. ST-ZIP TITLE STREET ADDRESS SA-CITY. STREET ADDRESS SA-CITY. STREET ADDRESS SA			OELETE				☐ Change ☐ Addition	n (
STREET ADDRESS 14111 KENSINGTON OAK PL 13.5 STREET ADDRESS 14.111 KENSINGTON OAK PL 13.6 CTY-ST-ZIP TITLE VP NAME WEIBLE, DELL 12.08 SUNSET DR CLEARWATER FL 12.08 SUNSET DR DELETE 15.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS SACITY-ST-ZIP		JENSEN, JEFFERY		3.2 NAME		ļ	•	
CITY-ST-ZIP LARGO FL VP WEIBLE, DELL STREET ADDRESS CITY-ST-ZIP TITLE 1208 SUNSET DR CLEARWATER FL DELETE 34. CITY-ST-ZIP TITLE DELETE 51 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 52 NAME 53 STREET ADDRESS 64 CITY-ST-ZIP TITLE DELETE 53 STREET ADDRESS 64 CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 55 NAME 56 NAME 67 NAME 68 STREET ADDRESS 68 CITY-ST-ZIP TITLE DELETE Change Addition	1			3351				1
TITLE VP MAME WEIBLE, DELL 4.2 NAME STREET ADDRESS 1208 SUNSET DR 4.3 STREET ADDRESS CLEARWATER FL 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.1 DELETE 6.1 TITLE					-	ľ	. <u></u>	_
NAME WEIBLE, DELL 1.20			DELETE TO				Chango Addition	m
1208 SUNSET DR	1		•	4. 2 ÑĂM		}		}
CITY-ST-ZIP CLEARWATER FL	i i					ADORESS		
TITLE DELETE 51 TITLE Change Addition NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP CTTLE Change Addition NAME 62 NAME Addition Addition Addition Addition								
NAME		OLD WITH CO.	DELETE				☐ Change ☐ Additib	'n
\$1.5 \$TREET ADDRESS \$3.5 \$TREET ADDRESS \$4.5 \$T.72P \$4.5 \$T.72P \$1.5 \$T.72P	1		(ļ		-
						ADDRESS		
TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME	1					- 1		
NAME 62 NAME			Mosters			-	☐ Change ☐ Additk	m
PAGE STREET ADDRESS			Cocces					
	i			1		ADORESS		1
JIREF MANAGE	STREET ADDRESS							
14. I hereby certify that the information supplied with this filing does not quality for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP	wife that the information executed with	this filing does not muslike for a				Section 119 07/3VI) Florida Statutes, I further certify that the information	

d to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in all other like empowered.

SIGNATURE: