

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K02794 (1)**
1. Corporation Name
SOUL CARE, INC.



Principal Place of Business Mailing Address
600 HILLCREST AVE TITUSVILLE FL 32796 **600 HILLCREST AVE TITUSVILLE FL 32796**

3. Date Incorporated or Qualified **11/17/1987** 3a. Date of Last Report **10/12/1995**
4. FEI Number **59-2864697** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**LORD, RICHARD A.
600 HILLCREST AVE
TITUSVILLE FL 32796**

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 607.0504, Florida Statutes.

SIGNATURE

Richard A. Lord

1/18/96

12. OFFICERS AND DIRECTORS

1. NAME: PD LORD, RICHARD A. 600 HILLCREST AVE TITUSVILLE FL

2. NAME: [DELETE]

3. NAME: [DELETE]

4. NAME: [DELETE]

5. NAME: [DELETE]

6. NAME: [DELETE]

7. NAME: [DELETE]

8. NAME: [DELETE]

9. NAME: [DELETE]

10. NAME: [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: [Change] [Addition]

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE: [Change] [Addition]

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE: [Change] [Addition]

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE: [Change] [Addition]

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE: [Change] [Addition]

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE: [Change] [Addition]

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the trustee 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 to this filing.

SIGNATURE: *Richard A. Lord*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 *407-268-2037*
Daytime Phone #

CR2E034 (12/95)