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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

K08094

(0)

FILED							
Mar	09	1998	8:00am				
Se	cret	tary o	f State				

CARE	ER PROFESSIONALS, INC.				TÎN BANG BANG BANA BANA MAN
Principal Plac	ce of Business	Mailing Address		I HODIORIH ONI BRION NEHKI ONIKO ARRIK ONIK ONIKO ARRIK ONIK ONIK ONIK ONIK ONIK ONIK ONIK ON	14
WALKER, BARTON T 1030 PEACOCK AVENUE, N.E. PALM BAY FL 32907 C/O BARTON T. WALKER POST OFFICE BOX 336 MELBOURNE FL 32902				DO NOT WRITE IN THIS SPACE	
US		US		3. Date incorporated or Qualified	
A Principal F	Place of Business	Do Malino Address		12/17/1987	
	-lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt	# atc	Suite, Apt. #, etc.		59-2874358	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	· • · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	1 Agent
l w	ALKER, BARTON T		81 Name		
1030 PEACOCK AVENUE, NE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	<del>-</del>
PALM BAY FL 32907					
			63		
			84 City		85 Zip Code
				Fi	L     ´
11. Pursuant office or a agent La	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obliners.	i02 and 607.1508, Florida Statut le of Florida. Such change was a gations of Section 607.0505. Fit	tes, the above-named of authorized by the corporation orida Statutes	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE		ga., a., a., a., a., a., a., a., a., a.,	onda biarolos.		-
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOT	E Registered Agent signature r	equired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	WALKER, BARTON T.		1.2 NAME		
STREET ADDRESS	1030 PEACOCK AVE NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	1105:55	1.4 CITY+ST-ZIP		
TITLE	D	☐ DELETÉ	2.1 TITLE		Change Addition
NAME	WALKER, SHARON A.		2.2 NAME		
STREET ADDRESS	1030 PEACOCK AVE NE		2.3 STREET ADDRESS	,,,	]
CITY-ST-ZIP	PALM BAY FL	☐ DELETE	2. 4 CITY-ST-ZIP		D Obenes D 44495-
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		₩ presi <b>t</b>	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		· · ·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied v	with this filing does not qualify for		I in Section 119.07(3)(i), Florida Statutes, I further of	ertify that the information

Thereby 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?