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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

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1. Corporation 1		(4)						
TECH	CARE, INC.				1 10 81/40/1 000 (4100) 4100/1 10/4/1 0/4	U 1861 BIGU BIGU BIGU	. O.O. O.	
Principal Place of Business Mailing Address								
C/O DONALD R. STOKES C/O DONALD R. STOK 3717 CARRINGTON PLACE 3717 CARRINGTON PL/ TALLAHASSEE FL 32303 TALLAHASSEE FL 3230						7		
					3. Date Incorporated or Qualified	3a. Date of Las	t Report	
11000					08/28/1989		3/1995	
2 Dinoinal Plac	on of Rusiness	2a. Mailing Address			4. FEI Number		Applied For	
2. Frincipai riac 21	1 1				201001010		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional ee Required	
Cry & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution Added to Fees			
<b>23</b> ] Zip	Country	7 <sub>(p</sub>	Cour	ntry	8. This corporation has liability for in			
24	25	29	30	•	Florida Statutes	□ No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	agistered Agent		
				81 Name				
STOKE	STOKES, DONALD R.				82 Street Address (P.O. Box Number is Not Acceptable)			
3717 CARRINGTON PLACE			,	B3				
TALLA	HASSEE FL 32303			63				
			•	<b>84</b> City		FL 85	Zip Code	
	H 1010 0 of 500 100 607 0502 0	and 607 1508. Florida Statute	es the abo	ve named corpo	ration submits this statement for the pur	pose of changing	its registered office	
SIGNATURE	ed agent, or both, in the State of Florida h, and accept the obligations of, Snotion Multi- sgratur, tysts or printed harmon registers agent a	<b>%/&gt;</b>		Agent squature requin	ration submits this statement for the pur and of directors. I hereby accept the appoint and when reinstatings	DATE		
12.	OFFICERS AND	DIRLCTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC		
THEF	Р	DELETE	1. 1 11	1		[_] Chai	ige 🔲 Addition	
NAMi	STOKES, DONALD R.		1.2 N/					
SIREET ADDRESS	3717 CARRINGTON PLACE			HEET ADDRESS				
_Cily-\$1 ZiE	TALLAHASSEE FL	DELETE	2 1 I	1 y - ST - 7 P		Cha	nge Addition	
11116	D   Miller, Lorne	A second	22 N					
NAME STREET ADDRESS	3717 CARRINGTON PLACE			REET ADDRESS				
CITY-ST ZIP	TALLAHASSEE FL		2.4 CI	TY-ST-ZIP				
Till of		DELETE	3 1 1	TLE		☐ Cha	inge 🔲 Addition	
NaMi			32 N	AME				
STREET ADDRESS			33 S	THEET ADDRESS				
CHY S1-ZIF				TY-ST-ZIP			inge 🔲 Addition	
TIFLE		☐ DEFETE	4 1 1			[_] 016	nge [] Addition	
NAME			42 N	i				
STREET LADOPESS				TREET ADDRESS				
CHY SL-ZIF		DELETE	5 1 1	ITY - ST-ZIP		Cha	ange 🔲 Addition	
Till F		_,	5 2 N					
NAM: crocci annoces				TREET ADDRESS				
STREET ADDRESS  OF Y-S1, ZIP				iTY-ST-ZIP				
1117t		☐ DETEIE	6.1			☐ Cha	ange 🔲 Addition	
NAME	Ī		621	AME				
STREET ADDRESS			635	THEET ADDRESS				
City St ZiP			640	(1Y-S1-ZIP				

14. I do horeby 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 certify 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 charged, or on an attachment with an address.

SIGNATURE:

Donatel & Stoples
HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 904-562-1656
Date Dayrin Proce

CR2E034 (12/95)