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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L32759

1. Corporation Name

CAREGIVERS DAY AND NIGHT INCORPORATED

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Principal Place	o of Pusiness	Mailing Address	,			I I ra il a ri Pra Ilâid Iadh		I BIS DIBIL DI BIL BIS BIS BIS	
•		2555 ENTERPRISE ROAD							
2555 ENTERPRISE ROAD STE #12-B STE #12-B STE #12-B						·			
CLEARWATER FL 33763 CLEARWATER FL 33763					DO NOT WRITE IN THIS SPACE				
US US				3.	. Date Incorporated or Qu	alifed			
						11/28/1989			
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number		Ap	plied For
21		26				59-2978313	•	. No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	Certifcate of Status Desi	red 🗆		Additional
22		27						Fee Re	equired
City & Stat	e	City & State			6.	. Election Campaign Final	ncing . 🗀		May Be
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Country	y	8.	. This corporation owes the	e current yea		H
24	25	29	30			Personal Property Tax.		☐ Yes	™No
	9. Name and Address of Curren	t Registered Agent		T	10.	Name and Address of	New Registe	rea Agent	
700	PERNICK, ALAN D.		81	Name					,
	ENTERPRISE ROAD		82	Street	Address (F	P.O. Box Number is Not A	cceptable)	L., - 147	
	#12-B								
	ARWATER FL 33763		83	'					
. 022	ARWAICH I C 33763		84	City				85 Zip (Code
	•							┡┖╎╎	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute	es, the abov	e-named	corporatio	n submits this statement f	or the purpos	e of changing its	registered
agent. I a	im familiar with, and accept the obliga-	tions of, Section 607.0505, Flo	rida Statute:	the corpos.	oranon a b	dald of directors. Thereby		ppontationi do to	Gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statute:	the corpos.	oration 3 B	oald of directors. Thereby			gistered
agent. I a	m familiar with, and accept the obligation of the state o	tions of, Section 607.0505, Flo	rida Statute: : Registered Age	5.	equired when I	reinstating)	DATI	· :	-
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agent. I a	Signature, typed or printed name of registered agen OFFICERS AN	tions of, Section 607.0505, Flo	Registered Age	5.	equired when I	reinstating)	DATI	· :	-
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14. I 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, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SENSING OFFICER OR DIRECTOR

220prel 99-727-7251416

Davtime Phone 4