

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L74110** (2)  
1. Corporation Name  
**COMMUNITY BASED CARE, INC.**

Principal Place of Business  
**800 S. PARROTT AVE  
OKEECHOBEE FL 34974  
US**

Mailing Address  
**P.O. BOX 1326  
OKEECHOBEE FL 34973-1326  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3003 So. ATLANTIC AVENUE</b> Suite, Apt. #, etc. 22 <b>SA2</b> City & State 23 <b>DAYTONA BEACH SHORES, FL</b> Zip 24 <b>32118</b>		2a. Mailing Address 26 <b>3003 So. ATLANTIC AVENUE</b> Suite, Apt. #, etc. 27 <b>SA2</b> City & State 28 <b>DAYTONA BEACH SHORES, FL</b> Zip 29 <b>32118</b> Country 30 <b>FLORIDA</b>		3. Date Incorporated or Qualified <b>05/07/1990</b>	4. FEI Number <b>65-0345359</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FENNELLY, ANDREW L 907 MARINA DR AT 207 NORTH PALM BCH FL 33408</b>		10. Name and Address of New Registered Agent 81 Name <b>ANDREW L. FENNELLY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3003 So. ATLANTIC AVENUE</b> 83 <b>#5A2</b> 84 City <b>DAYTONA BEACH SHORES FL</b> 85 Zip Code <b>32118</b>	
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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 607.0505, Florida Statutes.

SIGNATURE  4/21/98  
Signature, typed or printed name of registered agent and title if applicable (If FE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	FENNELLY, ANDREW	1.2 NAME	FENNELLY, ANDREW
STREET ADDRESS	907 MARINO DE, APT 207	1.3 STREET ADDRESS	3003 So. ATLANTIC AVE.
CITY-ST-ZIP	NORTH PALM BCH FL	1.4 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL-32118
TITLE	DST	2.1 TITLE	
NAME	ZENGOTA, ERIC	2.2 NAME	
STREET ADDRESS	156 SUMMIT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFFSIDE PARK NJ	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  1-16-98 904-304-4900

CR2E034 (10/97)