


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90035 004 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N03158</b>					
1. Corporation Name <b>HIS CARING PLACE, INC.</b>					
Principal Place of Business 4700 N.W. 74TH PL. POMPANO BEACH FL 33073-3551			Mailing Address 4700 N.W. 74TH PL. POMPANO BEACH FL 33073-3551		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/18/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2421621	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HRAWG CORP.</b> <b>2000 GLADES ROAD</b> <b>SUITE 400</b> <b>BOCA RATON FL 33431</b>				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAGNACCA, JOHN R			1.2 NAME	Rod & Elizabeth Hillegas		
STREET ADDRESS	5950 CATESBY ST			1.3 STREET ADDRESS	1272 NW 15th Street		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	Boca Raton, FL 33486		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VENEZIA, ROBERT & ROSEM			2.2 NAME	Don & Carol Larson		
STREET ADDRESS	23269 WATER CIR.			2.3 STREET ADDRESS	1040 Bayview Drive		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARLSON, JIM K			3.2 NAME	Larry & Barbara Beyer		
STREET ADDRESS	1520 LAKE DR			3.3 STREET ADDRESS	2560 NE 46th Street		
CITY-ST-ZIP	DELRAY BEACH FL			3.4 CITY-ST-ZIP	Lighthouse Point, FL 33064		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, JIM & PATTY			4.2 NAME			
STREET ADDRESS	2120 NE 44TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGNACCA, VICTORIA			5.2 NAME			
STREET ADDRESS	5950 CATESBY ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOREMAN, GARY & MARY			6.2 NAME	Mary Foreman		
STREET ADDRESS	5719 NE 17TH TERRACE			6.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			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 617, 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: John R. Magnacca President 1/11/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)