

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35704** (8)

1. Corporation Name
CAREMOR INSTITUTE, INC.



Principal Place of Business 25 SECOND STREET NORTH #340 ST. PETERSBURG FL 33701	Mailing Address 25 SECOND STREET NORTH #340 ST. PETERSBURG FL 33701
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2. Principal Place of Business 21 1213 16th Street North Suite, Apt. #, etc.	2a. Mailing Address 26 1213 16th Street North Suite, Apt. #, etc.
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip 24 33705	Country 25 Pinellas
Zip 29 33705	Country 30 Pinellas

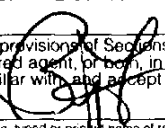
3. Date Incorporated or Qualified 12/18/1989	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2980699		

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**VANBUTSEL, MICHAEL R
25 SECOND STREET NORTH
SUITE 340
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent	
81 Name Benjamin Felder	
82 Street Address (P.O. Box Number is Not Acceptable) 10575 68th Avenue North, Suite D2	
83	
84 City Seminole	85 Zip Code FL 33172

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  DATE **4/23/98**

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME IRWIN, KATHIE	
STREET ADDRESS 25 SECOND STREET NORTH, SUITE 340	
CITY-ST-ZIP ST. PETERSBURG FL 33701	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME KEYES, BEN	
STREET ADDRESS 25 SECOND STREET NORTH, SUITE 340	
CITY-ST-ZIP ST. PETERSBURG FL 33701	
TITLE D	<input type="checkbox"/> DELETE
NAME MARTINO, ANNETTE	
STREET ADDRESS 25 SECOND STREET NORTH, SUITE 340	
CITY-ST-ZIP ST. PETERSBURG FL 33701	
TITLE D	<input type="checkbox"/> DELETE
NAME CORZO, HECTOR	
STREET ADDRESS 25 SECOND STREET NORTH, SUITE 340	
CITY-ST-ZIP ST. PETERSBURG FL 33701	
TITLE D	<input type="checkbox"/> DELETE
NAME WESTERHOF, CAROLYN	
STREET ADDRESS 25 SECOND STREET NORTH, SUITE 340	
CITY-ST-ZIP ST. PETERSBURG FL 33701	
TITLE D	<input type="checkbox"/> DELETE
NAME LADD, JAN	
STREET ADDRESS 25 SECOND STREET NORTH, SUITE 340	
CITY-ST-ZIP ST. PETERSBURG FL 33701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	1213 16th Street North
44 CITY-ST-ZIP	St. Petersburg, FL 33705
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	1213 16th Street North
54 CITY-ST-ZIP	St. Petersburg, FL 33705
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	1213 16th Street North
64 CITY-ST-ZIP	St. Petersburg, FL 33705

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.

SIGNATURE:  DATE **4/27/98** (813) 894-5333

CR2E037 (10/97)