FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 4:21

DOCUMENT # N51254 (3)

1. Corporation Name
RASCALS ORPHAN CARE NETWORK, INC.

Principal Place of Business	Mailing Address
5120 SW 114TH WAY FT LAUDERDALE FL 33330 US	P O BOX 1092 DANIA FL 33004-092 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1992
3a. Date of Last Report: 09/29/1994
4. FEI Number: 65-0379388 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LUX, BRENDA
5704 HALLANDALE BEACH BLVD
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	NIERMAN, LEWIS, G	☒ Change ☐ Addition
NAME	ASTAPHAN, NICOLE	1.2 NAME		
STREET ADDRESS	11301 NW ST	1.3 STREET ADDRESS	9780 NW 16 ST	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	2.1 TITLE	PAYBERG, SHAREN	☒ Change ☐ Addition
NAME	MARTIN, LEA	2.2 NAME		
STREET ADDRESS	5120 SW 114TH WAY	2.3 STREET ADDRESS	1073 SW 25 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	DEERFIELD 33442 VD	
TITLE	VD	3.1 TITLE	MARGE SCHWARTZ	☐ Change ☒ Addition
NAME	NIERMAN, LEWIS G	3.2 NAME		
STREET ADDRESS	9780 NW 16 ST	3.3 STREET ADDRESS	5508 NW 59 PL	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	TAMARAC 33319	
TITLE	PD	4.1 TITLE	MARTIN, MAGDALENA	☒ Change ☐ Addition
NAME	MAGDALENA, MARTIN	4.2 NAME		
STREET ADDRESS	4274 NW 2ND ST	4.3 STREET ADDRESS	4274 NW 2N ST	
CITY-ST-ZIP	PLANTATION FL 33317	4.4 CITY-ST-ZIP	PLANTATION 33317 D	
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	PAYBERG, SHAREN	5.2 NAME		
STREET ADDRESS	1073 SW 25TH AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD FL 33442	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KOI, SANDY	6.2 NAME		
STREET ADDRESS	127 N 63 AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Beatrice J. Martin 2/19/95 (305) 434-4465
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
BEATRICE J. MARTIN

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