FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT, OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1000540 (2)

CONSTANTCARE CORP.							
						·	
Principal Place of Business Mailing Addres							
,							
46 N WASHIN SUITE 18 7	4		46 N WASHINGTON BLVD SUITE 19 29				
SARASOTA FL 34236-5928 SARASOTA FL 34236-5928						3. Date Incorporated or Qualified 3	a. Date of Last Report
						01/31/1996	an Date of Edg. Hoper
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	✔ Applied For
21 Cuba Ant	# 44		Suite Apt # etc		APPLIED FOR	Not Applicable	
Sulte, Apt. #, etc. 22 Chane #13 15 #29			Suite, Apt. #, etc.	104	+39	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	
Zip	 -		Zip Country		8. This corporation has liability for intar	ngible tax under s. 199.032, es 🔀 No	
24 25 29 30 30 9. Name and Address of Current Registered Agent						Florida Statutes Ye 10. Name and Address of New Registe	
	<u> </u>			81	Name		
^ BAILY, JAY E					Street A	Address (P.O. Box Number is Not Acceptable)	
48 N V	VASHINGTO	N BLVD		82		,	
SUITE		,		83	ţ		
SARAS		84	City		85 Zip Code		
11. Pursuant	to the provis	ions of Sections 617.050	02 and 617,1508, Florida Statute	s, the abov	e-named	corporation submits this statement for the purpo	ose of changing its registered
office or	registered ag am familiar w	ent, or both, in the State ith, and accept the oblice	of Florida. Such change was a ations of, Section 617,0503. Flo	uthorized by	y the corp s.	corporation submits this statement for the purporation's board of directors. I hereby accept the	e appointment as registered
SIGNATURE							
12.	Signature, typed	or printed name of registered age	ent and tille if applicable. (NOTE ID DIRECTORS	Registered Ag	ont signature	required when reinstating) D ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIDECTORS IN 13
TITLE	D BARBE R. DAVID		DELETE	1.1 TITLE 1.2 NAME		ADDITIONAJO I MACEO TO OTT TOETIC	Change Addition
NAME							•
STREET ADDRESS	PO BO	X 13606 (N/A)		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	ROANC	KE VA 24035		1.4 CITY-5	ST-ZIP		
TITLE	D	A F 51740571	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME OTOGET ADDRESS		S, E. ELIZABETH		2.2 NAME	r 4000000		
STREET ADDRESS				2.3 STREET ADDRESS 2 4 CITY- ST- ZIP			
TITLE	D		DELETE	3.1 TITLE			Change Addition
NAME	GLENN, SHERRY G			3.2 NAME		GLENN, SHERRY J.	1
STREET ADDRESS		X 13606		3 3 STREET	ADDRESS	GLENN, SHERRY J. BOIBOX 13606 (N) ROMANKE, VA 24035	<i>(A)</i>
CITY-ST-ZIP		KE VA 24035	T of the	3.4. CITY -	ST-ZIP	KOMNOKE, VA 24035	
TITLE	D	NH OFFILE A / -	∐ DELETE	4.1 TITLE	\[•	☐ Change ☐ Addition
NAME STREET ADDRESS	ADDRESS DECHOW, GERALD A PO BOX 13606 (N/A)			4, 2 NAME	ADDRESS		
CITY-ST-ZIP	RUNU	NE VA 24635		4.3 STREET			
TITLE	110/110	-11- 11 W 1444	DELETE	5.1 TITLE	/· LII		Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP		<u></u>		5.4 CITY - 5	ST - ZIP		
TITLE			☐ DELETE	6.1 TITLE			Change Addition
NAME CTREET ADDRESS	1			6.2 NAME	ľ		
STREET ADDRESS	1			6.3 STREET	ADDRESS		

14. I do hereby certify that the information supplied with this filling 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.

FILED

Jun 18 1997 8:00am

Secretary of State