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Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001363 (8)

1. Corporation Name

CENTRAL FLORIDA CASE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1824 SW 100TH AVE  
MIRAMAR FL 33025

1824 SW 100TH AVE  
MIRAMAR FL 33025

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOREO, KATHLEEN  
1820 SW 100TH AVE  
MIRAMAR FL 33025

81 Name Ricki S. LOGAN

82 Street Address (P.O. Box Number is Not Acceptable)

CMSE

83 8362 PINES BOULEVARD #184

84 PEMBROKE PINES, FL

FL 85 Zip Code 33024

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

Ricki S. Logan

Ricki S. LOGAN

4/9/98

(Signature, typed or printed name of registered agent and title if applicable)

(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
NAME	JONES, SHERRY	
STREET ADDRESS	2055 IPSDEN DR	
CITY - ST - ZIP	ORLANDO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWENDERMANN, DONNA	
STREET ADDRESS	1006 HOBEAM ST	
CITY - ST - ZIP	OVIEDO FL 32765	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLODER, LISA	
STREET ADDRESS	16012 FOURLAKES LN	
CITY - ST - ZIP	MONTVERDE FL 17	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOPER, CHERYL L	
STREET ADDRESS	817 HASTINGS DR	
CITY - ST - ZIP	KISSIMMEE FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SWENDERMANN, DONNA	
STREET ADDRESS	1006 HORNDEAM ST	
CITY - ST - ZIP	OVIEDO FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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; 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 in an attachment with an address.

SIGNATURE:

Ricki S. Logan

3/19/98

954-435-9669

CR2E037 (10/97)