


FILED
May 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004381

1. Corporation Name

CHARITY CARE INTERNATIONAL INC.

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Principal Place of Business 6045 KIMBERLY BLVD SUITE C NORTH LAUDERDALE FL 33068	Mailing Address 6045 KIMBERLY BLVD SUITE C NORTH LAUDERDALE FL 33068
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2. Principal Place of Business 21 <i>9236 N. State Rd 7</i> Suite, Apt. #, etc. 22 City & State 23 <i>N. Lauderdale Lakes</i> Zip 24 <i>33319</i>	2a. Mailing Address 26 <i>6047 Kimberly Blvd</i> Suite, Apt. #, etc. 27 <i>B</i> City & State 28 <i>N. Lauderdale, Fla</i> Zip 29 <i>33068</i>	3. Date Incorporated or Qualified 07/27/1998 4. FEI Number 65-085-3695 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution
9. Name and Address of Current Registered Agent WILBURN, LECRESHA 6045 KIMBERLY BLVD SUITE C NORTH LAUDERDALE FL 33068		10. Name and Address of New Registered Agent 81 Name <i>Leisha Wilburn</i> 82 Street Address (P.O. Box Number is Not Acceptable) 6047 Kimberly Blvd 83 <i>N. Lauderdale, Fla</i> 84 City <i>N. Lauderdale</i> FL 85 Zip Code <i>33064</i>

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

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

(NOTE: Registered Agent signature is required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBURN, LECRESHA	1.2 NAME	
STREET ADDRESS	715 NW 42ND PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, STANFIELD	2.2 NAME	
STREET ADDRESS	3541 NW 36TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTER, GLASFORD	3.2 NAME	
STREET ADDRESS	5265 NW 73RD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature
 4/30/99 954/968-3939
 Date Daytime Phone #
 954/485-1803

CR2E037 (1/98)