

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P02924** (9)

1. Corporation Name  
**CURACARE, INC.**

Principal Place of Business <b>1400 LONE PALM AVE. P O BOX 82 MODESTO CA 95353</b>	Mailing Address <b>1400 LONE PALM AVE. P O BOX 82 MODESTO CA 95353-0082</b>
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3. Date Incorporated or Qualified <b>08/03/1984</b>		3a. Date of Last Report <b>07/30/1996</b>	
4. FEI Number <b>77-0048349</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATES, ERNEST A.</b>	1.2 NAME	
STREET ADDRESS	<b>FOUR EMBARCADERO CTR STE. #3620</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN FRANCISCO CA 94111-4155</b>	1.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAGAWA, CRAIG</b>	2.2 NAME	
STREET ADDRESS	<b>FOUR EMBARCADERO CTR STE. #3620</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN FRANCISCO CA 94111-4155</b>	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDIN, JIM</b>	3.2 NAME	
STREET ADDRESS	<b>1400 LONE PALM</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MODESTO CA</b>	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGARY, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>FOUR EMBARCADERO CTR STE. #3620</b>	4.3 STREET ADDRESS	<b>SAN FRANCISCO, CA 94111-4155</b>
CITY - ST - ZIP	<b>SAN FRANCISCO CA</b>	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEALLY, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>FOUR EMBASSADOR CENTER #3620</b>	5.3 STREET ADDRESS	<b>4 Embarcadero CTR ST. 3620</b>
CITY - ST - ZIP	<b>SAN FRANCISCO CA</b>	5.4 CITY - ST - ZIP	<b>SAN FRANCISCO, CA 94111-4155</b>
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	<b>4 Embarcadero CTR 7020</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>SAN FRANCISCO, CA 94111-4155</b>

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1/7/97 (209) 54-2330 X733

CF2E034 (9/96)