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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # P92000003328 (1)

1. Corporation Name

INTERNATIONAL CARE, INC.



Principal Place of Business

100 2ND AVENUE SOUTH  
4TH FLOOR, NORTH TOWER  
ST. PETERSBURG FL 33701

Mailing Address

100 2ND AVENUE SOUTH  
4TH FLOOR, NORTH TOWER  
ST. PETERSBURG FL 33701

2. Principal Place of Business

21 25 2ND ST. NORTH

2a. Mailing Address

26 25 2ND ST. N

22 Suite, Apt. #, etc.

340

27 Suite, Apt. #, etc.

340

23 City & State

ST. PETERSBURG, FL

28 City & State

ST. PETERSBURG, FL

24 Zip

33701

Country

29 Zip

33701

Country

9. Name and Address of Current Registered Agent

FELDER, BENJAMIN  
100 2ND AVENUE SOUTH  
4TH FLOOR, NORTH TOWER  
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

11/10/1992

3a. Date of Last Report

08/22/1995

4. FEI Number

59-3153636

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
HUTTON, ELIZABETH  
STREET ADDRESS 25 2ND AVE N STE 440 340  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME AS  
FELDER BENJAMIN,  
STREET ADDRESS 100 2ND AVENUE SOUTH, 4TH FL, NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (12/95)