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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

1	JMEN 1 # P9300 A KARE, INC.	0018186 (5)			
Principal Pla	ace of Business	Mailing Address			idan isian siddi idila tili iddi
4950 N. DIXIE HIGHWAY		4950 N. DIXIE HIGHWAY			
SUITE A		SUITE A			
FORT LAUDERDALE FL 33334		FORT LAUDERDALE FL	33334	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 03/10/1993	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	· · · · · · · · · · · · · · · · · · ·	26		65-0406835	Not Applicable
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & St		27 Ct. 6 Ct. 10			Fee Required
	810	Gity & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	· ·	 This corporation owes or has paid the or Personal Property Tax due June 30. 	Purrent year Intengible Yes No
[24]	a. Name and Address of Curre		30	10. Name and Address of New Registere	
	ENNELLY, JOHN S ESQ.		B1 Name		
	950 N. DIXIE HIGHWAY				
SUITE A			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33334			83		
'	OHI BADDERDADE I'E DOOGY				
			84 City	F	85 Zip Code
11. Pursuar	at to the provisions of Sections 607 050	32 and 607 1508. Florida Statu	tes the above-named core	poration submits this statement for the purpose	
office o	r registered agent, or both, in the State am familiar with, and accept the oblic	of Florida. Such change was	authorized by the corporal	tion's board of directors. I hereby accept the a	ppointment as registered
, ,		pations of, Section 607,0303, Fi	Unda Statutes.		
SIGNATURE	Signature, typod or printed nable of requilered ag	ant and title if applicable (NO)	E: Registered Agent signature requi	ired when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	KENNELLY, JOHN B		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP			1.4 CITY - ST - ZIP		_
TITLE	VD	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	KENNELLY, BARBARA C		2.2 NAME		
STREET ADDRESS 4950 N. DIXIE HIGHWAY, SUITE A		2.3 STREET ADDRESS		J	
CITY-ST-ZIP	FORT LAUDERDALE FL 3333	4	2. 4 CITY - ST-ZIP		
TIFLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	S		3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	1		4. 2 NAME		
STREET ADDRESS	6		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE "	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHTY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	S :		6.3 STREET ADDRESS		

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

4/15/98

CITY-ST-ZIP

JOHN B KENNELLY

954-771-2972

FILED

May 04 1998 8:00am

Secretary of State