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

FILED May 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS

1330				~~~	
DOCUMENT # P93000018918 (1)					
THE EL	DERCARE CONNECTION	, INC.			
					(PE)
Drivernal Disc.	a of Dunisasa	Mailing Address		I HADHARAN ING NOTOK ANNA BUTAN BUTAN BURAN DUNON N	I Bill, I Elilya I Illidi i Illidi (dali 1981)
		•	0 D		
7101 W. COMMERCIAL BD. SUITE 4-D		7101 W. COMMERCIAL BD. SUITE 4-D		i	
FT. LAUDERDALE FL 33319		FT. LAUDERDALE FL 33319		DO NOT WRITE IN THE	S SPACE
U\$		US		3. Date Incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address		03/10/1993 4. FEI Number	A - stort F
21		26. Walling Address		65-0428995	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T 0	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the corporate Property Tax due June 30.	current year Intangible
24	9. Name and Address of Curr	29 29 29 29 29 29 29 29 29 29 29 29 29 2	30	10. Name and Address of New Registere	
LEE	KNYVETT		81 Name		
7101 W. COMMERCIAL BLVD., #4-D			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33319				daves (1.0. Box Hallips) is 1101 Hoodplastey	
			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 repfice 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 regarder I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
	m familiar with, and accept the obl	igations of, Section 607.0505, F	lorida Statutes.		į
SIGNATURE	Signature, typod or printed marne of registered	agent and title it applicable (NC	OTE: Registered Agent signature re	equired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEE, KNYVETT	m 44 D	1.2 NAME		
STREET ADDRESS	7101 W. COMMERCIAL BLV FT. LAUDERDALE FL	/U., #4·U	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FI. DAUDENDALE FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		İ
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		I Dura	3.4. CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STORET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 DITY-ST-ZIP		ļ
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		,
CITY-ST-ZIP			5.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	61 TITLE		Change
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify	6.4 City-st-ZiP	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 changing or man attal ment with an address.

954-720-2485