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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000028390

1. Corporation Name

Principal Place	of Business	CARE CONSUL	Maili	ng Address									
1720 KENNEDY CSWY. 1720 KENNEDY CSWY. SUITE 109 SUITE 109													
NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141							DO NOT WRITE IN THIS SPACE						
									3. Date Incorporated or	Qualifed			
									04/16/1993				
Principal Place of Business 2a. Mailing Address									4. FEI Number	•			lied For
21	·		26						65-0409358				Applicable
Suite, Apt. #, etc.									5. Certificate of Status D	esired 🗌		ee Rec	dditional uired
22 27 City & State City & State						· · · · ·			6. Election Campaign Fi	nancina		5.00 N	
City & State 23 28				7					Trust Fund Contributi	- 11		dded to	
Zip		Country		Zip		Country	,		8. This corporation owe:				
24	25		29		30		•		Personal Property Ta	=	□ Ye		□No
		Address of Curren		red Agent	100				10. Name and Address		ered Agent	ì	
						81	Nar	ne	·				
1	EDMAN, MIKE					82	Stre	et Addre	ess (P.O. Box Number is No	ot Acceptable)			
1) Kennedy C/ ie 109	AUSEWAY											
	AY VILLAGE F	1 33141				83	'						
	THE THE T	2 33 7 7 7				84	City				FL 85	Zip C	ode
11 Pursuant	to the provisions	of Sections 607 050	12 and 607	'.1508. Florida Stat	utes. t	he abov	e-nam	ed corpo	oration submits this stateme n's board of directors. I here	nt for the purpo		ing its r	egistered
office or re	egistered agent,	or both, in the State	of Florida.	Such change was	autho	rized by	the co	prporatio	n's board of directors. I here	by accept the	appointmen	t as reg	istered
agent. I ar	m familiar with, a	ind accept the obliga	itions of, S	ection 607.0505, F	lorida	Statutes	8.						
SIGNATURE													
SIGNATURE		inted name of registered age	nt and title if a	pplicable. (NO		istered Age			when reinstating)	. DA	ATE.		
SIGNATURE	Signature, typed or pri		nt and title if a	pplicable. (NO	TE: Regi	istered Age				. DA	RS AND DIF	RECTOR	RS IN 12
SIGNATURE 12.	Signature, typed or pri	OFFICERS AN	nt and title if a	pplicable. (NO	TE: Regi	istered Age 13. 1.1 TITLE	ent signat		when reinstating)	. DA	RS AND DIF		
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP