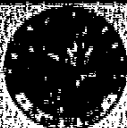


**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
JAMES B. McIVER  
Secretary of State  
DIVISION OF CORPORATIONS

95 JUL 19 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000022895 (4)**

1. Corporation Name

**CARING HEART ENTERPRISES, INCORPORATED**

Principal Place of Business  
**1408 W MICHIGAN AVE  
ORLANDO FL 32805**

Mailing Address  
**1408 W MICHIGAN AVE  
ORLANDO FL 32805**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **03/24/1994** 3a. Date of Last Report **2/17/95**

4. FEI Number **59 30375 66** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b. Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**McFARLANE, UREL G  
1408 W MICHIGAN AVE  
ORLANDO FL 32805**

81 Name **Smith, Derrick**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1408 W. Michigan St.**  
83 **Orlando.**  
84 City **FL** 85 Zip Code **32805**

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]*

**DERICK SMITH, PRESIDENT**

Signature, word or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE **3/24/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P.**  
NAME **McFARLANE, PAMELA A**  
STREET ADDRESS **4531 SAN SEBASTIAN CIR**  
CITY-ST-ZIP **ORLANDO FL 32808**

1.1 TITLE **P.** ☒ Change ☐ Addition  
1.2 NAME **Derrick Smith**  
1.3 STREET ADDRESS **1408 W. Michigan St.**  
1.4 CITY-ST-ZIP **Orlando, FL. 32805**

TITLE **V**  
NAME **McFARLANE, UREL G**  
STREET ADDRESS **1531 SAN SEBASTIAN CIR**  
CITY-ST-ZIP **ORLANDO FL 32808**

2.1 TITLE **V** ☒ Change ☐ Addition  
2.2 NAME **Pamela A. McFarlane**  
2.3 STREET ADDRESS **4531 San Sebastian Cr.**  
2.4 CITY-ST-ZIP **Orlando FL. 32808**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 110.07(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 both in attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Derrick Smith  
(President)**

Date **3/24/95** Original Filed

407-841-3091