CORPORATION ANNUAL REPORT 1995

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

FILED
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	Mailing Address
1408 W MICHIGAN AVE ORLANDO FL 32805	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: 7/17/95

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

MCFARLANE, UREL G
1408 W MICHIGAN AVE
ORLANDO FL 32805

10. Name and Address of New Registered Agent

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: DERRICK SMITH, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 3/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/DIRECTORS IN 12	
TITLE	P	1.1 TITLE: P	Derrick Smith ☑ Change ☐ Addition
NAME	MCFARLANE, PAMELA A	1.2 NAME	
STREET ADDRESS	4531 SAN SEBASTIAN CIR	1.3 STREET ADDRESS	1408 W. Michigan St
CITY-ST-ZIP	ORLANDO FL 32808	1.4 CITY-ST-ZIP	Orlando, FL. 32805
TITLE	V	2.1 TITLE: V	☑ Change ☐ Addition
NAME	MCFARLANE, UREL G	2.2 NAME	Pamela A. McFarlane
STREET ADDRESS	1531 SAN SEBASTIAN CIR	2.3 STREET ADDRESS	4531 San Sebastian CR.
CITY-ST-ZIP	ORLANDO FL 32808	2.4 CITY-ST-ZIP	Orlando FL. 32808
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REMITTED BY MAY 1

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)(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.

407-841-3091

SIGNATURE: Derrick Smith (President) Date 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0096821 CR