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

Mailing Address

SUITE 1404

3000 ISLAND BLVD.

WILLIAMS ISLAND FL 33160-4925

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1997 8:00am

Secretary of State

Change

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400038360 (1)

ALL CARE U.S.A., INC.

Principal Place of Business

945 W. COMMERICAL BLVD.

FT. LAUDERDALE FL 33308

0.076-5*-209

STPEE! ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on ar

TIFLE

MAME

				05/17/1994	04/18/1996	
2. Principal Place of Business 2a.		2a. Mailing Address	. Mailing Address		4. FEI Number	Applied For
21	26				65-0574471	Not Applicable
Suite, Apt. #, ctc Suite, Apt. #		Suite, Apt. #, etc.	, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Ζip	Country	Zip	Countr	у	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Florida Statutes	Yes No
	Name and Address of Current	Registered Agent			10. Name and Address of New Reg	pistered Agent
DARROW, KENNETH F ESQ.			81	Name		
920		82	Stroot Addr	ress (P.O. Box Number is Not Acceptable	(a)	
	TE 412		"	Street Addi	ress (1.0. box Number 15 Not Acceptable	(6)
	MI FL 33156		83			
, mart	WW 1 E 00 100					· · · · · · · · · · · · · · · · · · ·
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	tes, the abov	e-named cord	poration submits this statement for the pr	rnose of changing its registered
office or r	registered agent, or both, in the State o	f Florida. Such change was i	authorized b	v the corporat	tion's board of directors. I hereby accep	t the appointment as registered
і азепста	ini familiar with, and accept the obligati	ions of, Section 607.0505, Fi	ionda Statute	S.		
SIGNATURE	Signature, syard or printed name of registered again	and title if applicable (MO	IF: Honetwork Ar	ducar or receive too	red when reinstating)	DATE
12.	OFFICERS AND		13.	on eignatore regar	ADDITIONS/CHANGES TO OFFIC	
1806	D	☐ DELETE	1.1 TITLE	T		Change Addition
NAME	GOLDBERG, HARVEY		1.2 NAME			- •
STREET ADDRESS	3000 ISLAND BLVD., #1404			1 ADDRESS		
Lift ST-ZiP	WILLIAMS ISLAND FL		1.4 CITY -			
TITLE	D	DELETE	2.1 TITLE	31-41		Change Addition
NAME	GOLDBERG, AUBRIE	total electric	2.2 NAME			
STREET ADDRESS	3000 ISLAND BLVD., #1404			1 ADDRESS		•
	WILLIAMS ISLAND FL					
CHY+ST+ZIP 1FU	D STREET	T DELETE	2. 4 CITY- 3.1 TITLE	31- <i>t</i> IF		Change Addition
NAME	GOLDBERG, RANDALL	Las VILLET	3.2 NAME			and orange and Addition
	3000 ISLAND BLVD. #1401					
STREET ADDRESS	WILLIAMS ISLAND FL			T ADDRESS		
C(17 - S' - 71P	MILLIAMO IOLAND FL	DELETE	3.4. CITY -	S1-ZIP		Change Addition
1616		ר"ו הנדנונ	4.1 TITLE			ш станде ш Аоблоп
NAME			4. 2 NAM			
STREET ADDRESS			4.3 STREE	T ADDRESS		· !
CHT-S* 7P			4.4 CITY -	ST-ZIP		
1171.6		[] DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STPLET ADDRESS			5.3 STREE	T ADDRESS		

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. If do here by 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 eath; 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

6.1 TITLE

6.2 NAME

DELETE