

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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000056767 (4)

1. Corporation Name

CONDO CARE & CONSULTING, INC.



Principal Place of Business 491 RACQUET CLUB RD SUITE 303 303 FT LAUDERDALE FL 33326 US	Mailing Address 491 RACQUET CLUB RD SUITE 303 FT LAUDERDALE FL 33326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1625 1/2 N.E. 4th Court Suite, Apt. #, etc. 22 FT Lauderdale City & State 23 FLORIDA Zip 24 33301-1313 USA		2a. Mailing Address 26 1625 1/2 N.E. 4th Court Suite, Apt. #, etc. 27 FT Lauderdale, FL City & State 28 33301-1313 USA Zip 29 USA		3. Date Incorporated or Qualified 08/01/1994	
		4. FEI Number 65-0508631		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

BELL, SHERYL  
491 RACQUET CLUB RD SUITE 303  
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name Bell, Sheryl L	82 Street Address (P.O. Box Number is Not Applicable) 1625 1/2 N.E. 4th Court	83	84 City FT Lauderdale	85 Zip Code 33301
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BELL, SHERYL L 491 RACQUET CLUB RD #303 FT LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PSD Bell, Sheryl L 1625 1/2 N.E. 4th Court FT. Lauderdale, FL 33301-1313
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	

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 recorder 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.

SIGNATURE:

*Sheryl L Bell*

4-9-98 954 523-9705

032E034 (10/97)