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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000010067 (3)

1. Corporation Name

CARE MATTERS, INC.



Principal Place of Business

Mailing Address

5912 5TH AVE. N.
#E4
ST PETERSBURG FL 33710
US

P.O. BOX 41541
ST. PETERSBURG FL 33743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1995

4. FEI Number

59-3299876

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

P.O. BOX 40461

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33743

Country

US

g. Name and Address of Current Registered Agent

SHARP, ETHEL M
5912 5TH AVE NO # E4
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Ethel M. Sharp
Signature, typed or printed name of registered agent and true applicable

ETHEL M. SHARP

(NOTE: Registered Agent signature required when reinstating)

APRIL 30, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SHARP, ETHEL M.
STREET ADDRESS 651 58TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D ☐ DELETE

NAME SHARP, KENNETH M.
STREET ADDRESS 6457 17 TERRACE NO
CITY-ST-ZIP STPETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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.

SIGNATURE

Ethel M. Sharp
ETHEL M. SHARP
President

4/30/98 (813)347-8421

CR2E034 (10/97)