

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000011655 (4)**

1. Corporation Name  
**AMERICARE DIRECT CORP.**



Principal Place of Business: **343 ALMERIA AVENUE CORAL GABLES FL 33034**  
Mailing Address: **P.O. BOX 546187 SURFSIDE FL 33154**

3. Date Incorporated or Qualified <b>02/10/1995</b>	3a. Date of Last Report <b>NIA</b>
4. FEI Number <b>65-0555758</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>2005 SANS SOUCI BLVD.</b>	26 <b>P.O. BOX 547067</b>
Suite, Apt. #, etc. 22 <b>SUITE # 303</b>	Suite, Apt. #, etc. 27
City & State 23 <b>MIAMI FL.</b>	City & State 28 <b>SURFSIDE FL</b>
Zip 24 <b>33181</b>	Country 25 <b>U.S.A.</b>
Country 29 <b>U.S.A.</b>	Zip 30 <b>33154</b>

9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name **BARRY WILLIAMSON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2005 SANS SOUCI BLVD # 303**  
83  
84 City **MIAMI** 85 Zip Code **FL 33181**

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]* **BARRY WILLIAMSON (P)** Date: **4-30-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMSON, BARRY</b>	
STREET ADDRESS	<b>343 ALMERIA AVENUE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33034</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>WILLIAMSON, BARRY</b>	
13 STREET ADDRESS	<b>2005 SANS SOUCI BLVD # 303</b>	
14 CITY-ST-ZIP	<b>MIAMI FL. 33181</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 on an attachment with an address.

SIGNATURE: *[Signature]* **BARRY WILLIAMSON (P)** Date: **4/30/96** **305 312 0807**

CR2E034 (12/95)