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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADORESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

TAKING CARE OF BUSINESS, INC.	
Principal Place of Business Mailing Address	00111 00111 60110 11001 11010 01101 10111 10111 1001
3. Date Incorporated or Qua	WRITE IN THIS SPACE lified
3/13/1995 2. Principal Place of Business 2a. Mailing Address 4. Fet Number	
26 65-0575209	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	SR 75 Additional
22 5. Certificate of Status Desire	Fee Required
City & State City & State 6. Election Campaign Finance 28 Trust Fund Contribution	sing \$5.00 May Be Added to Fees
Zip Country Zip Country 8 This corporation gives or t	nas paid the current year Intangible
24 25 29 30 Personal Property Tax due	
9. Name and Address of Current Registered Agent 10. Name and Address of No. ONLY DENICE M. 81 Name	ew Registered Agent
CRUZ, DENISE M 3119 PLAZA STREET COCONUT GROVE FL 33133 82 Street Address (P.O. Box Number is Not Acc	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profited name of expetience agest and the displicable. (NOTE Registered Agent signature required when reinstating)	r the purpose of changing its registered accept the appointment as registered
	OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE	
NAME CRUZ, DENISE M 12 NAME	☐ Change ☐ Addition
STREET ADDRESS 3119 PLAZA STREET 1.3 STREET ADDRESS	☐ Change ☐ Addition
1 AAAAAAA — — — — — — — — — — — — — — —	☐ Change ☐ Addition
CITY-ST-ZIP COCONUT GROVE FL 33133 1.4 CITY-ST-ZIP	
TITLE D DELETE 21 TITLE	☐ Change ☐ Addition☐ Change ☐ Addition☐
TITLE D DELETE 2.1 TITLE NAME SIDDONS, CLINTON O 2.2 NAME	
TITLE D DELETE 2.1 TITLE NAME SIDDONS, CLINTON O 22 NAME STREET ADDRESS \$119 PLAZA STREET 2.3 STREET ADDRESS	
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TITLE	Change Addition Change Addition Change Addition

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 affactment with on address.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

May 05 1998 8:00am

Secretary of State