

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032025 (5)

1. Corporation Name

ETHICARE, INC.



Principal Place of Business

2190 N.W. 74TH AVENUE
SUNRISE FL 33313

Mailing Address

2190 N.W. 74TH AVENUE
SUNRISE FL 33313

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MULLENIX, KENNETH E
2190 N.W. 74TH AVENUE
SUNRISE FL 33313

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/20/1995

3a. Date of Last Report

4. FEL Number

65-0639426

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person submitting this report as required by s. 607.0505, Florida Statutes

Signature of Registered Agent as required by s. 607.0505, Florida Statutes

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TROY, SEYMOUR
STREET ADDRESS 2190 N.W. 74TH AVENUE
CITY-STATE-ZIP SUNRISE FL 33313

☐ DELETE

TITLE D
NAME MULLENIX, BARBARA T
STREET ADDRESS 2190 N.W. 74TH AVENUE
CITY-STATE-ZIP SUNRISE FL 33313

☐ DELETE

TITLE D
NAME MULLENIX, KEITH E
STREET ADDRESS 2190 N.W. 74TH AVENUE
CITY-STATE-ZIP SUNRISE FL 33313

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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. ~~0001~~ an attachment with an address.

SIGNATURE:

Kenneth E. Mullenix
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(954) 748-0885

CR2E034 (12/95)