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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000048969**

1. Corporation Name
SECURE CARE OF AMERICA, INC.

Principal Place of Business	Mailing Address
5916 HAMMOCK WOOD RD. ODESSA FL 33556	4600 W. CYPRESS STREET SUITE 500 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/22/1995

4. FEI Number: 65-0596038 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

LOPEZ, AL R JR.
4600 W. CYPRESS STREET
SUITE 500
TAMPA FL 33607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASHLINE, CONNIE A.		1.2 NAME	
STREET ADDRESS	2150 SO. ROUTE 45-52		1.3 STREET ADDRESS	
CITY-ST-ZIP	KANKAKEE IL 60901		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	UPHOFF, PAULA		2.2 NAME	
STREET ADDRESS	2150 SO. ROUTE 45-52		2.3 STREET ADDRESS	
CITY-ST-ZIP	KANKAKEE IL 60901		2.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ASHLINE, CASEY		3.2 NAME	
STREET ADDRESS	2150 SO. ROUTE 45-52		3.3 STREET ADDRESS	
CITY-ST-ZIP	KANKAKEE IL 60901		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STAWICK, KATHY		4.2 NAME	
STREET ADDRESS	2150 SO. ROUTE 45-52		4.3 STREET ADDRESS	
CITY-ST-ZIP	KANKAKEE IL 60901		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Connie Ashline SIGNATURE REQUIRED Connie Ashline 3/17/99 (815)935-7977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)