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

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 19 1998 8:00am Secretary of State

1. Corporation	AR CARE, INC.	0002075 (3)		
Principal Plac	e of Business	Mailing Address		
600B FAIRVILLA RD ORLANDO FL 32808		600B FAIRVILLA RD		
		ORLANDO FL 32808		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal F	Place of Business	2a. Mailing Address		<b>08/10/1995 4.</b> FEI Number Applied For
21		26		59-3336095 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		CO 75 A 4 MM
22		[27]		5. Certificate of Status Desired Fee Required
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	1 2	Trust Fund Contribution Added to Fees
Zip	Country	Zip 1711	Country	8. This corporation owes or has paid the current year Intancible
24	25 9. Name and Address of Curr	29 And Serietered Agent	30	Personal Property Tax due June 30. Yes Von
nc.	CARMINE, BARBARA	ent medioranen when	81 Name	10. Name and Address of New Registered Agent
	OB FAIRVILLA RD			
	LANDO FL 32808		82 Street	Address (P.O. Box Number is Not Acceptable)
01.	54100 1 E 02000		83	
			84 City	FL 85 Zip Code
agent. I a	egistered agent, or both, in the Sta im familiar with, and accept the obli- Signature, typed or profest can entirepotent to		authorized by the cor lorida Statutes.  If Registered Agent signature	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered erequired when reinstating)
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELFTE	1.1 TITLE	☐ Change ☐ Addition
NAME	DECARMINE, BARBARA		1.2 NAME	
STREET ADDRESS	600B FAIRVILLA RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP	· ·
TITLE			0.4.7(7).5	
NAME		DELETE	2 1 TITLE	Change Addition
STREET ADDRESS		DELETE	2.2 NAME	☐ Change ☐ Addition
CITY-ST-ZIP		DELETE	2.2 NAME 2.3 STREET ADDRESS	Change Addition
			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
NAME İ		DELETE DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition
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I hereby certify that the information supplied with this filling 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 suppliemental argural 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.