

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000062507 (5)

1. Corporation Name

YOUR DAILY CARE, INC.



Principal Place of Business

437 43RD ST  
WEST PALM BEACH FL 33401

Mailing Address

437 43RD ST  
WEST PALM BEACH FL 33401

2. Principal Place of Business

2a. Mailing Address

21 931 VILLAGE BLVD.

26 931 VILLAGE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 905-300

27 905-300

City & State

City & State

23 WEST PALM BEACH, FL

28 WEST PALM BEACH, FL

Zip

Zip

24 33409

29 33409

Country  
25 Palm Beach

Country  
30 Palm Beach

9. Name and Address of Current Registered Agent

KOVARIK, JOHN A ESQ.  
224 DATURA ST, SUITE 811  
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/11/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0626227

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature is printed when agent is changed)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MIZELL, JOY  
%437 43RD ST.  
WEST PALM BEACH FL 33401

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D LEYDER, SANDEE  
%437 43RD ST.  
WEST PALM BEACH FL 33401

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PRESIDENT, TREASURER + DIRECTOR  
MIZELL, JOY  
931 VILLAGE BLVD. STE. 905-300  
WEST PALM BEACH, FL 33409

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

DIRECTOR / V.P. / SECRETARY  
BUTLER, RANDI  
931 VILLAGE BLVD. STE. 905-300  
WEST PALM BEACH, FL 33409

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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:

JOY R. MIZELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96  
Date

(407) 863-6177  
Daytime Phone #

CR2E034 (12/95)