

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000063338 (4)**
1. Corporation Name
CARING HEARTS, INC.



Principal Place of Business: **1713 N.E. 27TH DRIVE WILTON MANORS FL 33334**
Mailing Address: **1713 N.E. 27TH DRIVE WILTON MANORS FL 33334**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
08/16/1995	
4. FEI Number	Applied For
65-0605467	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
LADIN, MABLE
1713 N.E. 27TH DRIVE
WILTON MANORS FL 33334

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 607.0509, Florida Statutes.

SIGNATURE: *Mable Ladin*

(NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADIN, MABLE	1.2 NAME	
STREET ADDRESS	1713 N.E. 27TH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL 33334	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DONNA APPEL
STREET ADDRESS		2.3 STREET ADDRESS	1709 Coral Gardens Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Wilton Manors FL 33334
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	200001786672
STREET ADDRESS		4.3 STREET ADDRESS	-04/19/96--01015--012
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Donna Appel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 563-2511
Date Daytime Phone #

CR2E034 (12/95)