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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000063338

1. Corporation Name

CARING	HEARTS, INC.							
Principal Place	of Business	Mailing Address			1 IMENIARI (IM IMIA) AFIIK AAN	'i mairi Affitt darta act	<b>PU</b> 11188 (1188 1	1141 1411 1421
1713 N.E. 27TH DRIVE		1713 N.E. 27TH DRIVE WILTON MANORS FL 33334		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Quali 08/16/1995			
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0605467		Not	Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d 🗆	\$8.75 A	
City & State	Ð	City & State			Election Campaign Financ     Trust Fund Contribution		\$5.00 Added to	
Zip <b>24</b>	Country 25		Country 30	y 	This corporation owes the Personal Property Tax.	(	☐ Yes I	□No
Name and Address of Current Registered Agent					10. Name and Address of No	w Registered A	gent	
LADIN, MABLE			81		ress (P.O. Box Number is Not Acc	eptable)	,	
1713 N.E. 27TH DRIVE WILTON MANORS FL 33334			83					
			84	City	·	FI	85 Zip C	ode
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was at ions of, Section 607.0505, Flor	utnonzed by rida Statute	, the corporati s.	poration submits this statement for ion's board of directors. I hereby a ed when reinstating)	the purpose of cl ccept the appoint	ment as reg	registered pistered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN 12
TITLE			1.1 TITLE				☐ Change	☐ Addition
NAME	LADIN, MABLE		1.2 NAME					4
STREET ADDRESS	1713 N.E. 27TH DRIVE		1.3 STREE	ET ADDRESS				j
CITY-ST-ZIP	WILTON MANORS FL 33334		14 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	6	PPEL. DO	NNA	Change	☐ Addition
NAME	APPEL, DONNA		2.2 NAME	6	640 STRATFOR	ed Dr	IVE	ļ
STREET ADDRESS	6474 NW 43RD ST		2.3 STREE	T ADDRESS	PPEL DO. 640 STRATFOR ARKLAND, F	1 334	267	}
CITY-ST-ZIP	CORAL SPRGS FL 33067		2. 4 CITY-	ST-ZIP				
TITLE		DELETE	3.1 TITLE		~ .		☐ Change	Addition
NAME			3.2 NAME					1
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4 CITY-	ST-ZIP		<del></del>	[ ] Change	Addition
TITLE		Ed Deteil	4.1 TITLE 4.2 NAME			,		
NAME				ET ADDRESS				
STREET AODRESS			4.4 CITY-	4				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	31-ZIF	<del></del>		Change	Addition
			5.2 NAME					
NAME	·			ET ADDRESS	· .	•		
STREET ADDRESS			5.4 CITY-					{
CITY-ST-ZIP								

City-ST-ZIP 14. 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 of 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, and attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

☐ Addition

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90017 004 \*\*\*150.00