

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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000064304 (5)

1. Corporation Name
CAP CARE OF FLORIDA, INC.



Principal Place of Business
**1208 EASTCHESTER DR. SUITE 116
 HIGH POINT NC 27265**

Mailing Address
**1208 EASTCHESTER DR. SUITE 116
 HIGH POINT NC 27265-3167**

3. Date Incorporated or Qualified **08/18/1995** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0609196** Applied For
 Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOARDMAN, THOMAS K
 1400 15TH ST N, SUITE 201
 IMMOKALEE FL 33934**

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD <input type="checkbox"/> DELETE
NAME	RONNEL S. PARKER
STREET ADDRESS	1208 EASTCHESTER DR., SUITE 116
CITY - ST - ZIP	HIGH POINT NC
TITLE	SD <input type="checkbox"/> DELETE
NAME	DANIEL C. GREENE
STREET ADDRESS	1208 EASTCHESTER DRIVE, SUITE 116
CITY - ST - ZIP	HIGH POINT NC
TITLE	D <input type="checkbox"/> DELETE
NAME	PHILLIS P. WEBB
STREET ADDRESS	1208 EASTCHESTER DRIVE., SUITE 116
CITY - ST - ZIP	HIGH POINT NC
TITLE	D <input type="checkbox"/> DELETE
NAME	KENNETH L PARKER
STREET ADDRESS	1208 EASTCHESTER DRIVE, SUITE 116
CITY - ST - ZIP	HIGH POINT N
TITLE	D <input type="checkbox"/> DELETE
NAME	CLYDE A. PARKER, JR.
STREET ADDRESS	1208 EASTCHESTER DRIVE, SUITE 116
CITY - ST - ZIP	HIGH POINT N
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

[Signature] **DANIEL C. GREENE SECRETARY** **2-18-97** **(910) 884-4416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)