

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90092 049 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000064304

1. Corporation Name
CAP CARE OF FLORIDA, INC.



Principal Place of Business
 8700 OAK SPRINGLANE
 COLFAX NC 27235
 US

Mailing Address
 P O BOX 5967
 HIGH POINT NC 27262
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified
08/18/1995

4. FEI Number
65-0609196

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 owes the current year Intangible Personal Property Tax. Yes No

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 _____ (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	8700 OAK SPRING LANE	
CITY-ST-ZIP	COLFAX NC 27235	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL C. GREENE	
STREET ADDRESS	8700 OAK SPRING LANE	
CITY-ST-ZIP	COLFAX NC 27235	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIS P. WEBB	
STREET ADDRESS	8700 OAK SPRING LANE	
CITY-ST-ZIP	COLFAX NC 27235	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNETH L PARKER	
STREET ADDRESS	8700 OAK SPRING LANE	
CITY-ST-ZIP	COLFAX NC 27235	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLYDE A. PARKER, JR.	
STREET ADDRESS	8700 OAK SPRING LANE	
CITY-ST-ZIP	COLFAX NC 27235	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clyde A. Parker Jr.	
1.3 STREET ADDRESS	8700 Oak Spring Lane	
1.4 CITY-ST-ZIP	Colfax, NC 27235	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ronnel S. Parker, Jr.	
2.3 STREET ADDRESS	8700 Oak Spring Lane	
2.4 CITY-ST-ZIP	Colfax, NC 27235	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Tammy P. Dupin	
3.3 STREET ADDRESS	8700 Oak Spring Lane	
3.4 CITY-ST-ZIP	Colfax, NC 27235	
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 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, with all other like empowered.

SIGNATURE: _____ (REQUIRED)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-25-99** Daytime Phone #: **336-668-1119**

CR2E034.(1/198)