07081999-90008-039-$150.00-$150.00

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90008 039 ***150.00

AMOUNT DUE ON OR BEFORE 05/01/99: $500 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $700 — 1999.

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P95000089996

1. Corporation Name
YOUR #1 CARE, INC.

Principal Place of Business	Mailing Address
10325 KIM LANE HUDSON FL 34669	PO BOX 6055 HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 11/27/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0629277	Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

HAMILTON, SUSAN A.
10325 KIM LANE
HUDSON FL 34669

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

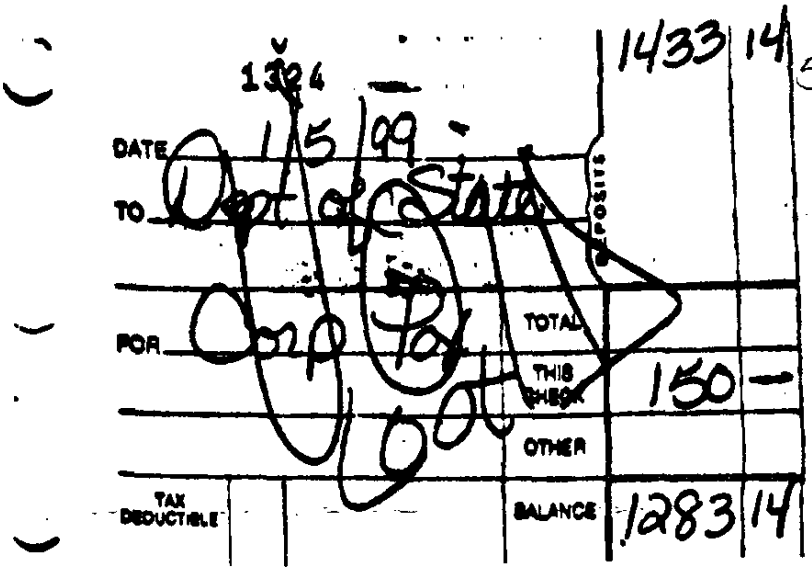
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, SUSAN A		1.2 NAME	
STREET ADDRESS	10325 KIM LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34669		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: Susan Hamilton — 727-857-9808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P950000899946
594148-90020-4



To Whom It May Concern.

I received my annual report back stating I had to pay the $400.- fine. I sent out a ✓ on 1/5/99 for $150.- back in Jan. I did receive a letter on 7/1/99 stating you never received my ✓ of 1/5, I called the bank it never was cashed so I sent the payment out again of $150.- Here is a copy of my register — I've never been late I don't feel I should have to pay the fine because the mail was lost — Please reply —

Thank You
Susan L Hamilton