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Apr 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
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DOCUMENT # **P95000091659 (9)**

1. Corporation Name
BEST-J-CARE, INC.

Principal Place of Business

**1850 W AIRPORT BLVD
SANFORD FL 32773
US**

Mailing Address

**147 EDGEWATER CIRCLE
SANFORD FL 32773-4524**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/01/1995	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3347685		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

8. Name and Address of Current Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	William P. Burke III
82 Street Address (P.O. Box Number is Not Acceptable)	147 EDGEWATER CIR.
83	
84 City	SANFORD FL
85 Zip Code	32773

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 **WILLIAM P. BURKE III (TREASURER)** **William P. Burke III** **4/11/97**
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	1.1 TITLE	
NAME	BURKE, CONSUELO M	1.2 NAME	
STREET ADDRESS	147 EDGEWATER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MEDEIROS, SHEILA M	2.2 NAME	
STREET ADDRESS	147 EDGEWATER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	BURKE, WILLIAM P	3.2 NAME	
STREET ADDRESS	147 EDGEWATER CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	BURKE, WILLIAM P III	4.2 NAME	
STREET ADDRESS	147 EDGEWATER CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 **Consuelo M. Burke** **Signature Required** **4-11-97 (407) 328-9353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)