

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. - AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT



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

1996 8-2-96

B-7526 C

DOCUMENT # P95000092824 (8)

1. Corporation Name

RESIDENTIAL CARE RESOURCE NETWORK INC.



Principal Place of Business

Mailing Address

P.O. BOX 547188  
ORLANDO FL 32854

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ORLANDO FL 32854

3. Date Incorporated or Qualified

3a. Date of Last Report

12/06/1995

4. FEI Number

Applied For

593369911

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, THOMAS J  
1740 PALMER AVE.  
WINTER PARK FL 32789

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 (Applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS  DELETE  
NAME CAMPBELL, THOMAS J  
STREET ADDRESS 1740 PALMER AVENUE  
CITY-ST-ZIP WINTER PARK FL 32789

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE VT  DELETE  
NAME MINGS, ERIC L  
STREET ADDRESS 1020 W. PRINCETON STREET  
CITY-ST-ZIP ORLANDO FL 32804

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96

407 292 9111

CR2E034 (3/96)