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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

**FILED** May 06 1998 8:00am Secretary of State

DOCUMENT # P95000097954 (8) LOVING CARE TRANSPORTATION, INC.												
Principal Plac	e of Business		Mailing Ad-	dress		1						
721 NW 21			721 NW									
MIAMI FL 3			MIAMI FI			•						
						•		DO NOT WRITE IN THIS SPACE				
						1		į	porated or Qualified	1		
						<b></b>		12/29				
<u> </u>	Place of Business		2a. Mailing	Address				4. FEI Numb	•		<u> </u>	oplied For
Suite, Apt.	# etc		Suite, Apt. #, etc.			<del>-</del>		050	651158		\$8.75 /	ot Applicable
<b>¬</b> '''			27			}		5. Certificate	of Status Desired		Fee Re	
City & State	6	City & State					6 Flection C	ampaign Financing		\$5.00		
23		26						Contribution		Added (		
Zip	Cou	ntry	Zip		Co	untry		8. This corpo	oration owes or has	paid the cu	ırrent year Int	angible
24	25		29	3	0				roperty Tax due Jur			] No
		dress of Current R				1041		10. Name and	Address of New F	Registered	Agent	
	NAS AMADOR	Δsv	STO. T	onos		81 Name			•			
PSI MY 21 BOURT A10 SW 136 Due							Addre	ss (P.O. Box Nu	mber is Not Accept	able)		
M	MAMPFL 33125	$(\mathcal{M}_{\mathcal{V}})$	om, t	1 33184		83						
			,			84 City				FL	85 Zip (	Code
11 Pursuant	to the provisions of S	ections 607 0502 u	nd 607 1508	Florida Statutes	the a	hove-named	Corpo	ration submits t	hic statement for the		at changing it	nonistand
office or r	to the provisions of S registered agent, or b im familiar with, and a	oth in the State of	Florida, Such	charige was aut	horiz	ed by the cor	poratio	n's board of dir	ectors. I hereby acc	ept the ap	pointment as	registered
	im tamiliar with and a	cept the obligatio	ris of, 50610n	1 607.0505, FIGR	ua Sta	atutes,			ما د	4149		1
SIGNATURE	Signature, typed or printed in	aind of Kigistered agent a	id the it applicate	e (NOTE: F	Register	1 Agent signature	e required	when reinstating)	2/2	ATE	<del></del>	
12.		OFFICERS AND D			13			ADDITIONS	/CHANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 12
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14. I hereby of indicated officer or	certify that the information on this annual report director of the corport	arion supplied with t or supplemental ar ation or the receive	uiis tiling doe nnual report is er er trustde n	s not quality for t s trué and accur mpowered to ex	ine e: ate a ecute	emption state d that my sig this report as	eu in Se mature Freguir	ection 119.07(3) shall have the s ed by Chapter (	i(i), Florida Statutes. same legal effect as 507. Florida Statutes	i further ce if made un : and that i	∍rtify that the ider oath; tha my name ann	intormation at I am an inears in