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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000005681 (7)

CARE BILT, INC.

FILED Apr 21 1997 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	<u>-114</u>	·				
ROUTE 8. BOX 739 (JEFFERSON DRIVE) LAKE CITY FL 32055 ROUTE 8. BOX 739 (JEFFERSON DRIVE) LAKE CITY FL 32055-7900			ERSON DRIVE	:)	,			
KE GIIT FL	32000	LAKE CHT PL 3203-7800			3. Date Incorporated or Qualified	3a. Da	ate of Last F	Report
N. Dalaszia (11)	lace of Business	2a. Mailing Address			01/17/1996 4. FEI Number		1 12	
z, Principai P -	iace of Business	26 Mailing Address			59-33604	72		pplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
		27				 	Fee Required	
City & Stati	e	City & State			6. Election Campaign Financing			May Be
3]	Country	28	Country		Trust Fund Contribution			to Fees
1	25	29	30	,	This corporation has liability for Florida Statutes	or intangible		s. 199.032,
4	9. Name and Address of Cur		100		10. Name and Address of New F			
MOT	NER, RALPH P		81	Name				
ROUTE 8, BOX 739 (JEFFERSON DRIVE)			82	Street Addi	ress (P.O. Box Number is Not Accept	able)		
	CITY FL 32055	=	Ľ.					
			83					
			84	City			85 Zip	Code
						<u>FL</u>		
office of r	to the provisions of Sections 607.1 ea stered agent, or both, in the St	usuz and 607.1508, Florida Statut tate of Florida. Such change was a	es, the abov authorized b	e-named corp v the corporal	poration submits this statement for the tion's board of directors. I hereby acc	ept the apr	r changing i pointment as	its registere 3 registered
	un formi arametic and account the ob	-1 - 1				1		•
agent La	in janilia ma, and accept the or	oligations et, Section 607.0505, Fi	orida Statute	S.		1-1-	-	
-	O what o	thouse				15/9	→	
SIGNATURE	Signal on regions a printed marke of respondence	ragent and life / apptoable (NOT	E: Registered Ag		red whon reinstating)	DATE	-7	
BIGNATURE	Sign in the printed has contegrated of OFFICE RS	thouse				DATE	-7	RS IN 12
BIGNATURE 12.	Sign of the control o	ragent and little if applicable (NOT AND DIRECTORS	E: Registered Ag		red whon reinstating)	DATE	D DIRECTO	RS IN 12
BIGNATURE 1 2. HU	Sign in the printed has contegrated of OFFICE RS	and the displaceble (NOT AND DIRECTORS DELETE	13. 1.1 TITLE		red whon reinstating)	DATE	D DIRECTO	RS IN 12
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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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Talsh P. Towner (Palsh P. Towner)

4/15/97

904-758-2396