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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600006497 (7)

CARING FOR YOU, INC.



Principal Pince of Business 230 LALLA LANE APOPKA FL 32712	Mailing Address 230 LALLA LANE APOPKA FL 32712-4	1178	T LOGINGAL AND LIGHTE BALK DOING OURS BOSIN OURS BERN DISTRIBUTED FASTE (BOU FASTE (BOU FASTE (BOU FASTE (BOU FASTE (BOU FASTE				
			Date Incorporated or Qualified O1/22/1996 Date of Last Report				
2. Principal Place of Business	2a. Mailing Address	i		4. FEI Number	J	Ap	plied For .
230 LALLA LN.	26 Sam			59-335447	4	No	t Applicabl
Suite, Apt. #, etc. Apopka, Fl	Suite, Apt. #, etc).		5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip Country	Zip	Country		8. This corporation has liability for in	_=		
32712 25 Oran	ae [29]	30			Yes 🔲		,
9. Name and Address of	Ourrent Registered Agent			√10. Name and Address of New Reg	gistered Ag	ent	
ANKROM, KAREN S		81	Name				
230 LALLA LANE		82	Street Add	fress (P.O. Box Number is Not Acceptab	ie)		
APOPKA FL 32712					· - ,		·····
		63	1				
		84	City			85 Zip (Code
 Pursuant to the provisions of Sections office or registered agent, or both, in the agent I am familiar with, and accopt the 			1		FL!	1	
Signatura, Typica or printed hards of leg		(NOTE Registered Ag	ent signature requ	uired when reinstating)	DATE	WP,	
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4. 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 eath; 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 or an attachment with an address.

SIGNATURE

ONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/ su/97

407-889-0088

yt me Phone #