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Secretary of State

03-09-1999 90029 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000020686

1. Corporation Name

C.C.'S COMFORT CARE, INC.

Principal Place of Business

243 ASHWORTH STREET
WEST PALM BEACH FL 33405

Mailing Address

P.O. BOX 107
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1910 BARBADOS

Suite, Apt. #, etc.

City & State

23 W.P.B. FL.

Zip

24 33406

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

03/06/1996

4. FEI Number

65-0649124

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

WASHOFSEY, MARTIN E A
 4360 NORTHLAKE BLVD.
 STE. 205
 PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name GARY LINK

82 Street Address (P.O. Box Number is Not Acceptable)

1910 BARBADOS

83

84 City W.P.B.

FL

85 Zip Code

33406

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CAPLETTE, CLAUDIA
 STREET ADDRESS 243 ASHWORTH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE VSTD ☐ DELETE

NAME LINK, GARY P
 STREET ADDRESS 243 ASHWORTH STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☐ DELETE

NAME
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NAME
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 CITY-ST-ZIP

TITLE ☐ DELETETITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

Date

561-646-5113

Daytime Phone #

CR2E034 (11/98)