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

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

1997



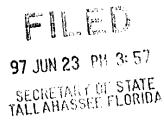
FLORIDA DEPARTMENT OF STATE

Sandra B. Mo ham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000041834 (8)

ALWAYSCARE FACILITIES, INC.





Principal Plac	e of Business	Mailing Address					
640 79TH CIRCLE SOUTH ST. PETERSBURG FL 33707		640 79TH CIRCLE S St. Petersburg F					
					3. Date Incorporated or Qualified 05/16/1996	3a. Date	of Last Report
2. Principal Place of Business 2a. Mailing			ng Address		4. FEt Number 59 - 3	52841	Applied For
21		26	26			20	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Dosired		8.75 Additional
22		27	· • · · · · · · · · · · · · · · · · · ·		5. Certificate of States Desired		Fee Required
City & State	e	City & State			6. Election Campaign Financing		\$5.00 May Be
23		· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution Added to Fees		
Zip	Country	⊢ Žip	Cour	ntry	8. This corporation has liability for		
24	25	29 s of Current Registered Agent	30			Yes I	
001		s or Current Registered Agent	· <del></del>	B1 Name	10. Name and Address of New F	egistered Age	як
	EN, GERALD R	A		Name			
	FOENTRAL AVE., 6917			82 Street Ad	dress (P.O. Box Number is Not Accept Bryan Dairy Road	able)	
et-petersourg-fl-63707=				02	bryan Darry Road		
			j	<sup>83</sup> ] ), )	i		
•	_			84 City 1	Largo	_, [8	33777
), 100	• ( ) •				шатуо	<u> </u>	33///
11. Pursuant	to the provisions of Section registered agains or both.	ons 607.0502 and 607.1568, Florida In the State of Horida Such chapte	'Statules, the ab e was authorized	ove-named co Lby the corpor	orporation submits this statement for the ation's board of directors. I hereby acc	purpose of che on the appoint	anging its registered Iment as registered
agert I a	m familiar with and accep	pt the of lightons of, Section 607.05	05, Florida Statu	ites.	,,,,,,,, .		. Ton, do regione e
SIGNATURE	A	sig Com			4	1/23/97	
		of registeron agont and title if applicable		Agent signature rec	puired when reinstating)	DATE	DE07000 #140
12.	<del></del>	FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	
TITLE	D COLEN CEDALD B	LJ Dett					Change [_] Addition
NAME	COLEN, GERALD R			12 NAME			
STREET ADDRESS	640 79TH CIRCLE SOUTH ST. PETERSBURG FL 33707		ď	REFT ADDRESS			
CiTY-ST-ZIP	SI. PETENSBURG FL			Y - \$1 - 7IP	400002	2216	854 m. 3
TITLE		DUTE		1	<b>40000</b> -06/2	4/9701	100°008°°°°
NAME			2.2 NA		****	65.00	****165.00
STREET ADDRESS			2.3 STF	REE1 ADDRESS	·		
CITY-ST-ZIP		T DELE		1Y-S1-ZIP			
TITLE		DELE					Change Addition
. NAME			3.2 NAI				
STREET ADDRESS				ree1 address			
CITY-ST-ZIP	ļ <u>. — — — — — — — — — — — — — — — — — — —</u>			IY-SI-ZIP			
TITLE		☐ DELE		1			Change Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 S1F	REET ADDRESS			
CITY-ST-ZIP				Y-SI-ZIP		, <u>,</u>	
TITLE		DELE	TÉ 5.1 TIT	LE .			Change Addition
NAME			5.2 NAI	ME			
STREET DORESS			5.3 STF	REE1 ADDRESS			
CITY-S1-ZIP			~~~	Y - \$1 - 2(P			
TITLE		☐ DELE	6.1 TH	LE			Change Addition
NAME '			6.2 NA	VIE			
STREET ADDRESS	٠.		6.3 STF	IEE1 ADDRESS			
CITY - ST - ZIP				Y-ST-ZIP			
44 I do basel	by certify that the informat	on supplied with this filing does no	Loughly for the e	evenntion state	ed in Section 119.07(3)(i), Florida Statu al my signature shall have the same le	oe Hurther co	at it is also at a to a

Information indicated on this annutal report or supplemental annutal report is true and accurate and that my signature shall have the same legal effect as if made undergodin; I am an officer or director of the corporation or the receiver or trusted ampelies and that my name appears in Block 12 or Block 13 if changed, or on an attrictional train an otderss.

ANATHEE

4/23/97 (813) 545-811

(813) 545-8114