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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-99
B12

3. Date Incorporated or Qualified **06/10/1996**

4. FEI Number **65-0794465** Applied For ☒ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees ☐

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 800 LAUREL OAK Drive
84 #200
City NAPLES FL 85 Zip Code 34108

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 J. L. Green DENIS W. CRAMER, President J. L. Green

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when terminating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE		<input type="checkbox"/> DELETE
NAME	CRAMER, JENS-ULRICH	
STREET ADDRESS	150 SW 52ND STREET	28654 CANARY WALK
CITY-ST-ZIP	CAPE CORAL FL 33914	CA, 101
TITLE		<input type="checkbox"/> DELETE
NAME	BOMTA Spring,	
STREET ADDRESS	FL 34134	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

24654 CANARY ISLAND CI, #10
BONITA SPRING, FL 34134

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****900.00 ****900.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I further certify that the information included 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/98 (941) 488-7488
Date Da 4 me 15 de 98