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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1998 8:00am

ANN	UAL REPORT 1998	Socretary of State DIVISION OF CORPORATIONS		Secretary of State	
	MENT # P96000 I CARE SYSTEMS INC.	0052471 (5)		1 138 (138) 118 118 3 118 3 118 3 118 3 118 3 118 3 118 3 118 3 118 3 1	1 1 anno 11911 o 1184 dobat 1100 da di
Principal Place 1135 LAKE S STE 202 LAKE PARK US		Mailing Address 1135 LAKESHORE DR STE 202 LAKE PARK FL 33403 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
21	Place of Business	2a. Mailing Address 26		06/18/1996 4. FEI Number 65-0681641	Applied For Not Applicable
Suite, Apt. 22 City & Stat		Suite, Apt. #, etc. 27 City & State		Certificate of Status Desired 6. Election Campaign Financing	\$8.75 Additional Fee Required
23 Zip 24	Country 25	28 Zip 29	Country 30	Trust Fund Contribution 8. This corporation owes or has paid the Personal Property Tax due June 30.	\$5.00 May Be Added to Fees current year Intangible Yes X No
g. Name and Address of Current Registered Agent KLOHN, VIRGINIA 1135 LAKESHORE DR STE 202 LAKE PARK FL 33403			81 Name	10. Name and Address of New Register dress (P.O. Box Number is Not Acceptable)	
11. Pursuant office or ragent. I a SIGNATURE.	to the provisions of Sections 607,0502 egistered agent, or both, in the State of mailiar with, and accept the obligation familiar with and accept the obligation of repatered agent OFLICERS AND	and the diapphication (NOR)	Registered Agent signaturo rec	orporation submits this statement for the purpose ration's board of directors. I hereby accept the suited when reinstating)	e of changing its registered appointment as registered
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	D KLOHN, VIRGINIA 1135 LAKE SHORE DR 202 LAKE PARK FL	DELETE	13. 1.1 UTLE 1.2 VAME 1.3 SIRFET ADDRESS 1.4 UTV- S1- ZIP 2.1 UTLE	S KLOHN, VIRGINIA 1135 LAKE SHORE L 1 AKE PARK, FL 3	Change Addition Accepted Accep
NAME Street address City-St-Zip		_	2.2 AME 2.3 DREET ADDRESS 2.4 JITY STI-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		□ DECET€	3.1 TLF 3.2 AME 3.1 PREFT ADDRESS 3. 1Y-ST-ZIP		L_J Change L_J Addilion
NAME STAGET ADDRESS CITY-ST-ZIP		□ OÈLETE	4. E 4 ME 4. FET ADDRESS 4. Y-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS		DELETE	5.1 JEF 5.2 JAME 5.3 REET ADDRESS		Change Addition
CHY-SI-ZIP TITLE NAME STREET ADDRESS		DELETE	5.4 CHY-ST-ZIP 6.1 THLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

14. Thereby 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 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 trusted 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 articlement with an address.

VIRGINIA KLUHN** SECTION**

6.4 CHTY - S1 - ZIP