

4-29-97 11:57 AM C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000092343 (8)

1. Corporation Name  
CREW CARE INCORPORATED

Principal Place of Business  
2832 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065

Mailing Address  
2832 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065-9811



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. CREW CARE INC.		4. FEI Number 65-0708946		Applied For Not Applicable	
22. City & State		27. PO BOX 26981		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. TAMARAC, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. 33320-6981		30. US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BERUBE, JEAN EMILY 2832 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	BERIBE, JEAN EMILY	1.2 NAME	BERUBE, JEAN EMILY
STREET ADDRESS	2832 CORAL SPRINGS DRIVE	1.3 STREET ADDRESS	2832 CORAL SPRINGS DR
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VD	2.1 TITLE	V
NAME	BERIBE, PAUL NORMAND	2.2 NAME	BERUBE, PAUL NORMAND
STREET ADDRESS	2832 CORAL SPRINGS DRIVE	2.3 STREET ADDRESS	2832 CORAL SPRINGS DR.
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	SD	3.1 TITLE	
NAME	KLINGER, IRENE BETTY	3.2 NAME	
STREET ADDRESS	10048 WINDING LAKES RD., SUITE 102	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BERUBE, PAUL NORMAND	4.2 NAME	
STREET ADDRESS	2832 CORAL SPRINGS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Jean E. Berube Jean E. Berube 4-21-97 954-476-7101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)