

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90099 041 \*\*\*150.00

DOCUMENT # P96000092343

1. Corporation Name

CREW CARE INCORPORATED

Principal Place of Business

2832 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065

Mailing Address

P.O. BOX 26981  
TAMARAC FL 33320-6981  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

65-0708946

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 244 SW 21<sup>ST</sup> ST.

2a. Mailing Address

26 757 SE 17<sup>TH</sup> ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 FORT LAUDERDALE, FL.

27 City & State

28 FORT LAUDERDALE, FL.

Zip

Country

Zip

Country

24 33315

25 USA

29 33316-2960

30 USA

9. Name and Address of Current Registered Agent

BERUBE, JEAN EMILY  
2832 CORAL SPRINGS DRIVE  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BERUBE, JEAN EMILY  
STREET ADDRESS 2832 CORAL SPRINGS DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE VD  
NAME BERUBE, PAUL NORMAND  
STREET ADDRESS 2832 CORAL SPRINGS DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE SD  
NAME KLINGER, IRENE BETTY  
STREET ADDRESS 10048 WINDING LAKES RD., SUITE 102  
CITY-ST-ZIP SUNRISE FL 33351

☐ DELETE

TITLE TD  
NAME BERUBE, PAUL NORMAND  
STREET ADDRESS 2832 CORAL SPRINGS DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME BERUBE, JEAN EMILY  
1.3 STREET ADDRESS 244 SW 21<sup>ST</sup> ST.  
1.4 CITY-ST-ZIP FT. LAUD, FL. 33315

☒ Change ☐ Addition

2.1 TITLE VD  
2.2 NAME BERUBE, PAUL NORMAND  
2.3 STREET ADDRESS 244 SW 21<sup>ST</sup> ST.  
2.4 CITY-ST-ZIP FT. LAUD, FL. 33315

☒ Change ☐ Addition

3.1 TITLE SD  
3.2 NAME KLINGER, IRENE BETTY  
3.3 STREET ADDRESS 244 R SW 21<sup>ST</sup> ST.  
3.4 CITY-ST-ZIP FT. LAUD, FL. 33315

☒ Change ☐ Addition

4.1 TITLE TD  
4.2 NAME BERUBE, PAUL NORMAND  
4.3 STREET ADDRESS 244 SW 21<sup>ST</sup> ST.  
4.4 CITY-ST-ZIP FT. LAUD, FL. 33315

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL N. BERUBE 4/28/99 (954)  
476-7101

CR2E034 (11/98)