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

FILED
Jul 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000010756

1. Corporation Name

DALLAWAYS CARE INC

| Principal Place of Business | Mailing Address |
|---|---|
| 2234 NW 56 Ave<br>Lauderhill fl 33313 | |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | |
| 21 2234 NW 56 AVE | 26 | 4. FEI Number 65-072 6030 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc.<br>22 2234 | Suite, Apt. #, etc.<br>27 | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State<br>23 Lauderhill | City & State<br>28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip<br>24 33313 Country 25 Broward | Zip 29 Country 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Georgette WRAY<br>2234 NW 56 Ave<br>Lauderhill fl 33313 | 81 Name: Georgette WRAY<br>82 Street Address (P.O. Box Number is Not Acceptable): 2234 NW 56 Ave<br>83 Lauderhill<br>84 City FL 85 Zip Code 33313 |

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: Georgette WRAY (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Georgette WRAY<br>President<br>2234 NW 56 Ave<br>Lauderhill fl 33313<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>000002594690<br>-07/22/98--01001--016<br>***400.00 |

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.

**SIGNATURE:** Georgette WRAY 4-28-98 (954 968-9242)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)