## 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

## DOCUMENT # P97000014982

CARE CORAL MARKETING CORPORATION

Principal Place of Business	Mailing Address		
117 CAPE CORAL PARKWAY STE 220 APE CORAL FL 33904	1217 CAPE CORAL PARKWAY STE 220 CAPE CORAL FL 33904		
Principal Place of Business	2a. Mailing Address		
Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		

**FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90121 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					02/17/1997		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For	
26					65-0744817	Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.			•	TILE Contiforts of Statue Decired	.75 Additional ee Required	
City & State City & State					6. Election Campaign Financing 55	5.00 May Be	
23 28				Trust Fund Contribution Added to Fees			
			Country		8. This corporation owes the current year Intangible		
	25	29 30	¬ ´		Personal Property Tax.		
24   25   29   30   9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
- NELSON, PHYLLIS				81 Name			
1217 CAPE CORAL PARKWAY STE 220			82	Street Address (P.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33904			02	83			
CAFE	CAPE CURAL PL 33904					ļ	
			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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TITLE	PS	☐ DELETE	1,1 TITLE		HALLIZ NESSON (S) MC		
NAME (	I i I a a company a compan		1.2 NAME		1217 CAPE CORAL PHUY 570 200		
	CARE CODAL EL COCCA			13 STREET ADDRESS 14 CITY-ST-ZIP CAPE COAR, FL 33564			
CITY-ST-ZIP	JAMES A. Mc LOUGHL	ı∧/ □ DELETE	2.1 TITLE	- 211	JAMOS A. McLOUGHLIN (P) DC	nange 🔀 Addition	
NAME		The state of the s			2929 SW 407H STRET	•	
-	and the source t			1			
STREET ADDRESS	~ CAPE CARD = E 43944		-	CAPE-COAKE, FC 33914			
CITY-ST-ZIP				4 CITY-ST-ZIP		nange 🔀 Addition	
TITLE	ROBERT W. SMITH 860 B SE 46th LAN CAPE CORAL, FL.		3.1 TITLE	j	ROBERT W. SMITH DO DO 860B SE 46th LANE CARE CORAL, FL. 33904		
NAME	860 B SE 46TE LAN	22 € may	3.2 NAME		860B SE 461 CANCE	ĺ	
STREET ADDRESS	CAPE CORAL, FL.	5 3704	3.3 STREET	1	CARE COLACT , 100 301-1		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		nange [] Addition	
TITLE		☐ DELETE	4.1 TITLE	}	$\Box$	range \(\sum_\) Madiboli	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	[ <u> </u>	☐ DELETE	5.1 TITLE		□ CI	nange	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZUP	16		5.4 CITY-S	T-ZIP			
TITLE	DELETE 6.11		6.1 TITLE			nange	
NAME '			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
			6.4 CITY-S	T-ZIP	`		
C/TY-ST-ZIP		this filing dass not qualify for th			n Section 119 07(3)(i) Florida Statutes I further certify tha	t 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 dustee 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 articular with an address, with all other like empowered.

SIGNATURE: